



AVEDA INSTITUTE *Maryland*

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Bel Air, MD 21014
(410) 838-8045
admissions@avedainstitutemd.edu

Employment Letter of Support

Greetings,

_____ is a Prospect Student looking to applying for admission to Aveda Institute Maryland for the _____ Program.

At the Aveda Institute Maryland, ***attendance is extremely important***. Please complete the information below with regards to the required work schedule for the above-mentioned Student. Ensuring that the Students' work schedule doesn't hinder their program schedule and that the program schedule doesn't hinder their work schedule allows for success in both areas.

Employer, please provide the following:

Name of Business: _____

Address: _____

Phone: _____ Email: _____

Work Week Schedule Times:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

We want to make sure this candidate for admission is prepared to be successful. Your acknowledgement and cooperation are sincerely appreciated and we thank you! Please feel free to email, mail or return this form with student.

Printed name: _____ Title: _____

Signature: _____ Date: _____

Aveda Institute Maryland reserves the right to contact, confirming data entered on this form.