Applicant's Name:First	Last						V	WORK E	XPERII	ENCE DOCUM	IENTATION		
MUN #:						POST-SECONDARY AS A 1 st DEGREE							
Memorial University protects the privacy of individu the application of the above named prospective stud									7) and is need	led for and will be used fo	r the purpose assessing		
This form will be used to determine if any cre State the total months employed and the num			include all work experience, full-ti	me and part-	time related to	your forma	al training. D	O NOT INC	LUDE AN	Y TEACHING EXI	PERIENCE.		
AME OF COMPANY AND LOCATION POSITION HELD AND DESCR		PTION OF WORK NAME OF SUPERVISOR		DAY	FROM MONTH YEAR		TO DAY MONTH YEAR		TOTAL MONTHS EMPLOYED	HOURS PER WEEK			
Date of completion of occupational training programme (i.e., date of graduation from technical college, Business College, nursing school, or date of journeyman's ticket received). Journeymen should give the date which they received their first certificate as a journeyman; not the date of the renewed certificate.		I certify that the above information is correct and that if the information is subsequently proven to be incorrect it may invalidate my acceptance into the Post- Secondary Education Degree and Diploma Programme. Applicants Signature					Note: This form will not be accepted without the legal seal or stamp of a Commissioner of Oaths, Notary Public, Justice of the Peace, or other legal authority. SWORN TO BEFORE ME THIS						
	Date:	Date:					day of, 20						
Date Occupational Training Completed (MM//YY)		At											
							In the Province of						
Name of Certificate/Diploma		THIS DOCUMENT IS TO BE SENT OR SCANNED TO:											
		Admissions	D										
Occupational Area		Office of the Registrar, Room A-2000 Memorial University of Newfoundland St. John's, NL A1C 5S7											

Email: admiss.docs@mun.ca

7/5/12