



## Application for Bridging Program

August 16 – 27, 2010

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Which campus do you wish to attend?

- St. John's  
 Corner Brook

DOB (mm/dd/yy): \_\_\_\_\_ MUN ID No. (if assigned): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School Attended: \_\_\_\_\_ / \_\_\_\_\_  
Town/City

.....

Please deliver your application package by mail, fax or in person, to:

**St. John's Campus**

Elaine Healey, Assistant Director  
Division of Lifelong Learning, Rm. FM1000  
Memorial University of Newfoundland  
St. John's, NL A1C 5S7  
Tel.: (709) 737-3074  
Fax: (709) 737-8486  
[ehaleay@mun.ca](mailto:ehaleay@mun.ca)

**Corner Brook Campus**

Learning Centre  
Sir Wilfred Grenfell College  
Corner Brook, NL A2H 6P9  
Tel.: (709) 637-6298  
Fax: (709) 637-6250  
[info@swgc.mun.ca](mailto:info@swgc.mun.ca)

Make sure your application package includes:

- this form,
- your most recent high school transcript,
- a completed Application for Admission to Memorial (if not already filed), including the \$40 application processing fee, and
- a completed Statement of Educational Goals (see accompanying form).

**Note:** You may also be required to participate in a pre-selection interview.

**Applications must be received no later than noon on Fri., Aug. 6, 2010.**



## **Bridging Program Statement of Educational Goals**

Please explain why you wish to attend Memorial University.

If more space is required, use back of the sheet or attach additional pages.