



FACULTY OF BUSINESS
ADMINISTRATION

Graduate Programs (Business)
St. John's NL Canada A1B 3X6
Tel: 709 864 8522
Fax: 709 864 8954
www.business.mun.ca

Graduate Diploma in Business Administration Program
Employment Experience Form

Name of Applicant _____ MUN Number _____

Total years of full-time work experience _____

Along with this form, applicants must submit a letter from their employer(s), preferably the most recent, providing proof of at least **five years of full-time work experience**. If unable to obtain a letter from an employer, the applicant must have this completed Employment Evaluation Form sworn to before a Commissioner of Oaths, Notary Public or Justice of the Peace or other legal authority (e-mail Lisa Long at llong@mun.ca for this additional form, if necessary). If space provided is insufficient, please attach an extra sheet.

Dates Employed: From Month/Year, To Month/Year	Applicant's Job Title	Name and Address of Employer

I certify that the information provided is correct. If the information is subsequently proven to be incorrect, it may invalidate an offer of admission to the Graduate Diploma in Business Administration program.

Applicant's Signature

Date



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Graduate Diploma in Business Administration
Employment Experience Form

Name of Applicant _____ MUN Number _____

This section is to be completed only if you are unable to obtain a letter from a previous employer providing proof of at least **five years of full-time work experience**.

Sworn to before me this _____ day of _____, 20_____ at

_____ in the Province/State of _____,

in the Country of _____.

Signature: _____

Commissioner of Oaths, or Notary Public, or
Justice of the Peace, or other legal authority

Note:

This section must include the legal seal or stamp of the person attesting to the information given.

I certify that the information provided is correct. If the information is subsequently proven to be incorrect, it may invalidate an offer of admission to the Master of Business Administration program.

Applicant's Signature Date _____