



FACULTY OF BUSINESS
ADMINISTRATION

Graduate Programs (Business)
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MBA in Social Enterprise and Entrepreneurship
(MBA-SEE) 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 Rosemary Hopkins at rhopkins@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.

_____ Date _____
Applicant's Signature