

**TEACHING EXPERIENCE DOCUMENTATION
FOR THE SPECIAL EDUCATION DEGREE PROGRAM**

PLEASE NOTE: An alternative option to filling out this form is to contact your school District and have your total teaching days forwarded to the address indicated below.

Applicant=s Name: _____ **MUN #:** _____
First Last

Memorial University protects the privacy of individuals and maintains the confidentiality of personal information. The information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used for the purpose assessing the application of the above named prospective student and for administrative purposes. Questions about this collection and use of personal information may be directed to the Faculty of Education, Admissions Office at (709) 864-6934

Include all relevant teaching experience, full-time and part-time. State the total days employed in each position (Include an additional form if necessary).

NAME OF SCHOOL AND LOCATION	REGULAR CLASSROOM WORK DESCRIPTION	SPECIAL EDUCATION WORK DESCRIPTION	NAME OF SUPERVISOR	FROM		TO		TOTAL DAYS EMPLOYED
				MONTH	YEAR	MONTH	YEAR	

DECLARATION: 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 Special Education Degree Program.

Applicant=s Signature: _____ **Date:** _____

Note: This form will not be accepted without the legal seal or stamp of *Commissioner of Oaths, Notary Public, Justice of the Peace, or Other legal authority.*

SWORN TO BEFORE ME THIS _____ day of _____, 20____, At _____ In the Province of: _____

THIS DOCUMENT IS TO BE SENT OR SCANNED TO:
 Admissions
 Office of the Registrar, Room A-2000
 Memorial University of Newfoundland
 St. John's, NL
 A1C 5S7
 Email: admiss.docs@mun.ca

