

**TEACHING EXPERIENCE DOCUMENTATION
BACHELOR SPECIAL EDUCATION**

Applicant's Name: _____
Last First

MUN Student Number: _____

In the table below outline all paid 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 the person attesting to the information given
FAXED COPIES OF THIS FORM WILL NOT BE ACCEPTED

SUBMIT THIS FORM TO:

Office of the Registrar
 Memorial University of Newfoundland
 St. John's, NL A1C 5S7
 Room: A 2000
 Email: admissions@mun.ca

SWORN TO BEFORE ME ON THIS _____ day of _____, 20 _____

At _____ In the Province of _____

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

The personal information requested on this form is collected under the general authority of the Memorial University Act (RSNL1990 CHAPTER M-7) for the purpose of managing the disclosure of personal information process. Questions concerning the collection, use and disclosure of this information should be directed to: The Faculty of Education Admissions Office at (709) 864-6934 or email edadmiss@mun.ca.