

**WORK EXPERIENCE DOCUMENTATION  
BACHELOR OF EDUCATION (POST-SECONDARY) AS A FIRST DEGREE**

Applicant's Name: \_\_\_\_\_  
Last
First

Date: \_\_\_\_\_ MUN: \_\_\_\_\_

In the table below outline all work experience you have obtained in your occupational area. This information will be used to determine if any credits will be awarded in occupational competency.  
**PLEASE DO NOT INCLUDE ANY TEACHING EXPERIENCE.**

NAME OF COMPANY AND LOCATION	POSITION HELD AND DESCRIPTION OF WORK	NAME OF SUPERVISOR	FROM			TO			TOTAL MONTHS EMPLOYED	HOURS PER WEEK
			DAY	MONTH	YEAR	DAY	MONTH	YEAR		

\_\_\_\_\_  
 Date Occupational Training Program Completed  
 (i.e., date of graduation from technical college, Business College, nursing school, or date of journeyman's ticket received). Journeymen should give the date which they received their first certificate as a journeyman; not the date of the renewed certificate.

\_\_\_\_\_  
 Name of Certificate/Diploma/Degree

\_\_\_\_\_  
 Occupational Area

**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 Post-Secondary Education Degree Programme.**

\_\_\_\_\_  
**Applicant's Signature**

**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**

**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.

**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](mailto:admissions@mun.ca)