THE ENGLISH CULTURAL LANDSCAPE SPRING SEMESTER 2015

APPLICATION FORM

Name:	Student Number:
Local Address:	
Local telephone number:	Permanent telephone number:
E-Mail address:	
Subject of Major:	
Subject of Minor:	
Number of courses completed:	Cumulative GPA
Number of courses completed in: Folklo	ore History Geography
Medieval StudiesA	nthropologyArchaeology
Other courses/experience related	to this programme:
Why I want to take this programme:	
Signature:	Date:
Signature:	Date:

Return this form to: Gerald Pocius, Folklore Dept. (Education 4041) or the Department of Folklore (Education 4046) at Memorial University, St. John's, NL, email: gpocius@mun.ca