



FACULTY OF BUSINESS  
ADMINISTRATION

Graduate Programs (Business)  
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Master of Business Administration Program  
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 **two 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 (see form on page 2). 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 Master of Business Administration program.

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature