



FOR OFFICE USE ONLY: Program: _____
 A: _____ R-10 _____ R-Ave _____ H: _____

Please visit www.mun.ca/business

**Faculty of Business Administration
 APPLICATION FOR ADMISSION**

SEMESTER FOR WHICH APPLICATION IS BEING MADE: Fall (Sept.) 20____
 (Check ONE box only) Winter (Jan.) 20____
 Spring (Apr.) 20____

NOTE: IF YOU ARE NOT A CURRENT STUDENT AT MEMORIAL UNIVERSITY, YOU MUST ALSO SUBMIT A GENERAL APPLICATION FOR ADMISSION TO THE UNIVERSITY. CONSIDERATION FOR ADMISSION TO THE FACULTY OF BUSINESS ADMINISTRATION IS CONDITIONAL UPON ADMISSION TO THE UNIVERSITY.

PRINT WITH BALL POINT PEN

Name (Last) _____ (First) _____ (Middle) _____		<input type="checkbox"/> Male		MUN Student Number	
		<input type="checkbox"/> Female			
Mailing Address (street & number)	City	Prov.	Country	Postal Code	Telephone Number
Permanent Address	City	Prov.	Country	Postal Code	Telephone Number
E-mail Address :					Cell Number
Please indicate whether you have taken courses at other post-secondary institutions.					
No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, where? _____					

Please check the box of the program for which you are applying/re-applying. If more than one, please indicate preference: _____

- Bachelor of Commerce (Cooperative) This program is available for **full time** attendance only. Please indicate the Term for which you are applying:
 ___ Term 1 (Fall) ___ Work Term 1 (Winter)
 ___ Term 2 (Winter) ___ Term 4 (Spring)
 ___ Term 3 (Fall)
- Bachelor of Business Administration (BBA)*
- International** Bachelor of Business Administration (iBBA)

The following programs require FIVE years, full-time work experience:

- Diploma in Business Administration Please attach employer verification of work experience.
- Bachelor of Commerce (General)* Students are considered for admission to this program only after the successful completion of the requirements for the Diploma in Business Administration.

Any additional information: _____

*Applicants who have completed a 3-year Business Diploma at a recognized community college **must provide proof of graduation** with this application.

Date: _____ Student Signature: _____

Return the completed form to: Office of the Registrar, Memorial University of Newfoundland, St. John's, NF A1C 5S7.

APPLICANT: DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Programme: B.Comm. (Cooperative)_____	BBA_____	iBBA_____	Dip. in Bus. Admin._____	B.Comm. (Gen.)_____
Application: A: _____	R: _____	Admissions Officer Signature: _____		