



**DALHOUSIE
UNIVERSITY**

FACULTY OF MANAGEMENT

CONFIRMATION OF EMPLOYMENT EXPERIENCE

To Support Application for Graduate Admission

SECTION I: To be completed by applicant.

Applicant Name _____

Job Title _____

Job Grade Level (if applicable) _____

Institution _____

SECTION II: To be completed by the applicant's employer.

I, the undersigned, certify that the above information is accurate.

Signature _____

Date _____

Name (please print) _____

Title _____

Institution _____

Any additional comments :

ENCLOSE THIS FORM WITH APPLICATION

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