

Notification of Application under Work Experience Procedure

Please consider my application under the work experience admission.

Full Name

Date of Birth

Signature

Date

Please fax or mail or email this form to:

Ms. Cheryl A. Mollitor
Graduate Program Administrator
School of Labor & Industrial Relations
Michigan State University
401S. Kedzie Hall
East Lansing, MI 48824-1032
mo/litor@msu.edu

Fax: (517) 355-7656