Atlantic School of Theology
Adult Education Certificate in Theological Studies Application Form

1. Application to begin program in: Month _____ Year _____

2. Name:_____
   Last First Middle

3. Address:_____
   Street
   _____
   City/Town Province Postal Code

4. Email Address: _____ Phone Number (____) _____

5. Date of Birth: _____
   Year Month Day

6. Denomination: ( ) Anglican ( ) Roman Catholic ( ) United Church ( ) Other: _____

7. Highest level of education completed:
   ( ) High School (Grade 12 or equivalent) _____
   High School Year of Graduation

   ( ) College_____
   College Program Year of Graduation

   ( ) University_____
   University Degree/Program Year of Graduation

I confirm that the information given in this application form is true, complete and accurate.

_____ _____
Date *Signature of Applicant*

Payment of a $25 non-refundable application fee must accompany this application form. Cheques may be made payable to Atlantic School of Theology. For Visa or MasterCard payments please complete the following:

Visa or Mastercard Card #_____ Expiry Date:_____

Cardholder's Name: _____ Cardholder's Signature: _____

Send your completed application form and application fee to:
Academic Office
Atlantic School of Theology
660 Francklyn Street
Halifax, Nova Scotia B3H 3B5
academic@astheology.ns.ca

If you have any questions, please contact us at 902-423-5592 or academic@astheology.ns.ca.