

Atlantic School of Theology
Diploma in the New Evangelization Program Application Form

1. Application to begin program in: _____ () on campus or () by distance
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. Home Diocese or Archdiocese: _____

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.