

Atlantic School of Theology
Diploma in Theological Studies (DTS) Program Application Form

Name: _____
Last First Middle

Address: _____
Street

City/Town Province Postal Code

Email: _____ Phone: (____) _____

Date of birth: ____/____/____ Social Insurance Number ____/____/____
yyyy mm dd (required for official tax receipt for tuition and/or bursaries)

Gender: () male () female () gender diverse Mother tongue: _____

Religious denomination or tradition: _____

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

If you previously attended AST, indicate **program(s) and year(s)** attended: _____

Intended start date for the Diploma in Theological Studies Program: () September () January

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

Date

Signature of Applicant

A \$50 non-refundable application fee must accompany this application form. (Application fee credit card payment form follows on the second page of this document.) Please confirm your payment method:

- () Cheque made payable to Atlantic School of Theology enclosed.
() Application fee credit card payment form enclosed.
() Application fee credit card payment processed directly with the AST Business Office on ____/____/____
yyyy mm dd

Send your completed application form and application fee payment to:

Academic Office, Atlantic School of Theology, 660 Francklyn Street, Halifax, Nova Scotia B3H 3B5

OR

Email (pdf): academic@astheology.ns.ca

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