Atlantic School of Theology

Diploma in the New Evangelization (DNE) 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: Diocese or Archdiocese:

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 the New Evangelization 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 be paid prior to the assessment of your application. Please confirm your payment method:
(◯) E-transfer sent to businessoffice@astheology.ns.ca
(◯) Credit card- please contact the Business Office at businessoffice@astheology.ns.ca or (902) 496-7942.
(◯) Cheque made payable to Atlantic School of Theology

Send your completed application form (and cheque, if applicable) to:
Email (PDF): academic@astheology.ns.ca OR **Academic Office**, Atlantic School of Theology, 660 Francklyn Street, Halifax, Nova Scotia B3H 3B5

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