



Atlantic School of Theology

MASTER OF ARTS (THEOLOGY AND RELIGIOUS STUDIES) ADMISSION APPLICATION

Instructions to Applicants:

In order to expedite the processing of your application, submit a **complete application package** to AST's Office of the Registrar. Complete application packages include documentation as listed in the checklist section below. It would be appreciated if you would allow two weeks from the date of mailing your application form before contacting us.

The submission date for application forms and all supporting documents to the Office of the Registrar is **March 1st** to begin in the Fall Term. Submission of the application by the required date is particularly important if the applicant wishes to be considered for financial support.

Request for Services: Students of Atlantic School of Theology may access Saint Mary's University's support services to students with disabilities. Applicants should submit their request to the Atlantic Center, including relevant documentation regarding their particular disability and the nature of the support services required. Staff of Saint Mary's Atlantic Centre will review the documentation and arrange an interview with the applicant.

Official notification of the decision regarding your application will be sent directly to the applicant by the Academic Dean's office as soon as a decision is available.

APPLICANT'S CHECK LIST

An incomplete application package will not be processed – Please ensure that the following items are forwarded to the Office of the Registrar at Atlantic School of Theology:

- COMPLETED APPLICATION FORM** – Please submit an original, completed application form including supplementary forms.
- APPLICATION PROCESSING FEE** – A \$70 non-refundable application processing fee must accompany all applications. This fee must be paid in Canadian funds by cheque, money order, bank draft, Visa or MasterCard. If paying by credit card, please provide all information requested on the application form, including the cardholder's signature.
- TRANSCRIPTS** – You are required to have **one official copy** of all transcripts of your academic record from each university attended sent by each issuing institution directly to the Office of the Registrar at Atlantic School of Theology. It is the applicant's responsibility to ensure that all transcripts are sent.
- CONFIDENTIAL REFERENCE LETTERS** – Three Confidential Reference Letters are required. Please ask each of your referees to complete one of the enclosed reference forms. These forms can also be found on Atlantic School of Theology's website: www.astheology.ns.ca. Have the referees mail the completed forms directly to the Office of the Registrar at Atlantic School of Theology. Atlantic School of Theology reserves the right to verify the authenticity of all submitted materials.
- ENGLISH LANGUAGE PROFICIENCY TEST** – Students whose first language is not English must submit an English language proficiency test result (TOEFL; Cambridge First Certificate in English; MELAB; CanTEST; IELTS). This result must come directly to the Office of the Registrar at Atlantic School of Theology from the educational testing centre where it was administered.
- SUPPLEMENTARY DOCUMENTS** – In addition to the above required documents [Completed Application Form, Application Processing Fee, Transcripts, Confidential Reference Letters, TOEFL (if applicable)], applicants must submit a Letter of Intent and a sample of academic writing (at least 10 pages) as outlined in the supplementary information sheet.

Students interested in applying for on-campus residence accommodation should refer to:
<http://astheology.ns.ca/future/ASTResidence.html>



Atlantic School of Theology

ADMISSION APPLICATION
Master of Arts (Theology and Religious Studies)

For Office Use Only
Student #

Starting Date: Full-time Part-time June, year September, year January, year

Please Print

1. Mr. Ms. Family Name First

2. Mailing Address (please give complete details) Previous Family Name (if applicable)

Street/Apt. #

City/Town County Prov./State Country

Postal Code E-mail address

Telephone: home Work: Fax:

3. Sex: M F Date of birth Canadian Social Insurance #

4. Citizenship Immigration Status (non-Canadians) Landed Immigrant Student Visa Other Visa Status Unknown

Date of entry into Canada First language (if not English)

5. Religious Denomination: Anglican Roman Catholic United Church Other

6. Only for non-Canadian applicants whose first language is not English:

When did you take or plan to take an English language proficiency test? Did take Will take Year

English language proficiency test taken: CanTEST MELAB TOEFL IELTS Other (Specify)

7. Have you previously applied for admission? Yes No If yes, when? year

8. If you have previously attended Atlantic School of Theology, indicate year attended:

Family name under which you were registered Student #

9. Educational Institution attended on December 1 last year

Indicate all post secondary institutions attended. Failure to indicate previous attendance at any post secondary institution will invalidate this application. For additional space, please use a separate sheet of paper.

Table with 4 columns: ALL UNIVERSITIES, COLLEGES AND OTHER INSTITUTIONS OF HIGHER LEARNING ATTENDED, Years, Area of Study, Degree(s) Granted

PLEASE COMPLETE REVERSE

ACADEMIC REFERENCES:

	Reference #1	Reference #2	Reference #3
NAME			
JOB TITLE			
ORGANIZATION			
FULL MAILING ADDRESS			
TELEPHONE NUMBER			
FAX NUMBER			
E-MAIL ADDRESS			

Note: Applicants are responsible for having references sent directly to the Office of the Registrar at Atlantic School of Theology using the enclosed forms. At least two references should be from current or former professors.

PROFESSIONAL EXPERIENCE RELATED TO STUDIES:

Employer	From	To	Position	Duties

A NON-REFUNDABLE APPLICATION PROCESSING FEE MUST ACCOMPANY THESE APPLICATION FORMS.

- I have enclosed the \$70.00 (Canadian) **ADMISSION APPLICATION FEE**. If paying by credit card please provide the following information:
- Visa Card # _____ Card Holder's Name: _____ Expiry Date (m/y) _____
- MasterCard Card # _____ Card Holder's Name: _____ Expiry Date (m/y) _____
- Cardholder's Signature _____ Date _____

Regulations relating to all academic matters and student conduct on campus are made by the Board of Governors and the Senate of Atlantic School of Theology. In making this application, the student agrees to abide by all regulations, from time to time promulgated by Atlantic School of Theology. Attendance refers to both full-time and part-time and even applies in cases of withdrawal before completion of an academic year or program.

Signature _____ Date _____

Applications should be sent to:
Office of the Registrar
 Atlantic School of Theology
 660 Francklyn Street
 Halifax, Nova Scotia Canada B3H 3B5
registrar@astheology.ns.ca

For information and inquiries about your application please contact :
Office of the Registrar
 Atlantic School of Theology
 Tel: 902.425-3691
 Fax: 902.492-4048
registrar@astheology.ns.ca



Atlantic School of Theology

Supplementary Form for **Master of Arts (Theology and Religious Studies)**

Offered jointly by Atlantic School of Theology and Saint Mary's University

Name of Applicant _____

Deadline for receiving applications — March 1

Please indicate the status for which you are applying:

_____ Full-time

_____ Part-time

Indicate the stream of study you wish to pursue:

_____ MA with thesis (required for acceptance to Ph.D.)

_____ Course only MA

Describe the Area of specialization you wish to pursue:

Please list any awards, publications or achievements not already indicated in your application but which you judge to be relevant to your admission to the program:

(Attach separate sheet if necessary.)

Additional documents required:

1. **Letter of intent:** (1-2 pages) Please expand on your area of interest. Include your goals and specifically how you see this program meeting them.
2. **A sample of academic writing (at least 10 pages).**

N.B. Do not forget that this Supplementary Application is in addition to the requirements of the general admission application for the Master of Arts (Theology and Religious Studies)



Atlantic School of Theology

RECOMMENDATION FOR GRADUATE STUDY

Name of Candidate:
(Please Print or Type)
Candidate's program:

The Academic Dean of Atlantic School of Theology would appreciate a confidential statement from you concerning the applicant named above, indicating how well you think he/she would perform as a graduate student in this area.

Table with 7 columns: Overall Ability, Scholarship, Intelligence, Ability to express self orally (English), Ability to express self in writing (English), Perseverance, Emotional Maturity, Resourcefulness, Potential for a career in this area. Columns include performance levels: Upper 2%, Upper 10%, Upper 25%, Upper 50%, Lower 50%, No Basis for Judgment.

How long have or did you know this applicant?

In what capacity do you or did you know this applicant?

If you were responsible for the admission decision regarding this candidate, which of the following would best represent your action? (Check one, please.)

- I would definitely accept the applicant with absolutely no reservations.
I would accept the applicant.
I would probably accept the applicant, but have some reservations.
I am uncertain what my action would be.
I would probably reject the applicant.
I would definitely reject the applicant.

Comments on Candidate (referees can attach a separate page if needed):

Name:
(Please print or type)
Signature: Date:
Position: At:
Address:
e-mail: Phone #:

CONFIDENTIAL: DO NOT RETURN TO APPLICANT. Mail directly to:

Office of the Registrar
Atlantic School of Theology
660 Francklyn Street
Halifax, Nova Scotia Canada B3H 3B5



Atlantic School of Theology

RECOMMENDATION FOR GRADUATE STUDY

Name of Candidate: _____
(Please Print or Type)
Candidate's program: _____

The Academic Dean of Atlantic School of Theology would appreciate a confidential statement from you concerning the applicant named above, indicating how well you think he/she would perform as a graduate student in this area. If you can compare this person with others known to you who have attended or are now applying for admission to this program, we would welcome such a comparison. Please indicate if, to your knowledge, there are any factors that might prevent this applicant from successfully completing graduate study.

	Upper 2%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Overall Ability						
Scholarship						
Intelligence						
Ability to express self orally (English)						
Ability to express self in writing (English)						
Perseverance						
Emotional Maturity						
Resourcefulness						
Potential for a career in this area						

How long have or did you know this applicant?

In what capacity do you or did you know this applicant?

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- I would probably accept the applicant, but have some reservations.
- I am uncertain what my action would be.
- I would probably reject the applicant.
- I would definitely reject the applicant.

Comments on Candidate (referees can attach a separate page if needed):

Name: _____
(Please print or type)
Signature: _____ Date: _____
Position: _____ At: _____
Address: _____
e-mail: _____ Phone #: _____

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



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Office of the Registrar
Atlantic School of Theology
660 Francklyn Street
Halifax, Nova Scotia Canada B3H 3B5

For all inquiries regarding program details, please contact the program coordinator:

Dr. David Deane
Telephone: 902-496-7944
Email: ddeane@astheology.ns.ca