



Atlantic School of Theology

MASTER OF DIVINITY PROGRAM APPLICATION INSTRUCTIONS

The admissions process of the School is designed to determine admissibility and to acquaint the applicant with the School, and to acquaint the School with the applicant so that the best possible program might be designed for those admitted.

The application deadline for submission of application forms and all supporting documents is **March 15th** (Summer Distance, Summer Term program start date) and **May 1st** (campus, Fall Term program start date). Submission of the application and all supporting documents by the required application deadline is particularly important if the applicant wishes to be considered for financial support.

1. Fill out the application form.
2. Prepare a brief account (3 to 6 pages, preferably typewritten) of your life including information about your parents, other family members, particularly memorable experiences, development of your religious awareness and faith, your church involvement and what you see to be your vocation in life.
3. Prepare a list of reading done in the past year which has been most meaningful to you.
4. Prepare a brief statement of your impressions of, and your hopes for, theological studies.
5. Prepare a brief statement describing your physical and emotional health record to date.
6. List the names and addresses of those persons to whom you have given Letters of Reference to be sent by them directly to the School. (See instructions supplied with these letters.)
7. Send the above materials (Items 1 through 6) to the Registrar at the School's address.
8. Request an official transcript of your previous academic work sent by your college or university directly to the Registrar, Atlantic School of Theology.
9. The Admissions Committee has the option of requesting an admissions interview with an applicant at the School.

If an admissions interview is requested by the Admissions Committee and you live or study in Nova Scotia, New Brunswick or Prince Edward Island, it is expected that you will be able to come to the School for an admissions interview.

If an admissions interview is requested by the Admissions Committee and you live outside these provinces and you are not able to come to the School for an interview, the Registrar will arrange for a conference call admissions interview. Please request this, if appropriate, when you submit your application materials.
10. When all application materials have been submitted and reviewed by the Admissions Committee you will receive a letter from the Academic Dean confirming your admission (or non-admission) to the School.
11. An e-copy of the application form for the School Residence is available on our website at <http://www.astheology.ns.ca/future/ASTResidence.html>.

Please forward your completed application form and all supporting documents by the application deadline to:

Office of the Registrar
Atlantic School of Theology
660 Francklyn Street
Halifax, NS B3H 3B5

If you have questions regarding completion of this form or the admissions process, please contact:

Office of the Registrar
Telephone: (902) 425-3691
Fax: (902) 492-4048
Email: registrar@astheology.ns.ca

Please enclose with this form payment of the non-refundable Application Fee of \$70.00. Please make your cheque payable to Atlantic School of Theology.



Atlantic School of Theology

MASTER OF DIVINITY PROGRAM APPLICATION FORM

1. Date of Application: _____
Day Month Year

2. Application for the academic year beginning: Month: _____ Year: _____

3. I plan to attend full-time (). I plan to attend part-time ().

4. I am applying to the On Campus M.Div. Program (); or the Summer/Distance M.Div. Program ().

5. Name: _____
(Mr., Mrs., Ms., etc.) Surname or last name Given name (s)

6. Permanent Address: _____
Street

City/Town Province Postal Code Phone No.

7. Present Address: _____
Street

City/Town Province Postal Code Phone No.

8. Email Address: _____

9. Correspondence from AST should be sent to : () Permanent Address, or () Present Address

10. Date of Birth: _____ Place of Birth: _____
Day Month Year City / Town Province

11. Married (); Single (); Male (); Female ()

12. Social Insurance Number : _____

13. Mother Tongue: English (); French (); Other _____

14. Citizenship: Canadian () Other _____

15. Immigration Status: Landed Immigrant (); Student Visa (); Other _____

Date of Entry into Canada: _____

16. University Education:

() Completed a university degree (or degrees)

University	Degree	Date

University	Degree	Date

() Currently completing work for a university degree

University	Anticipated Degree	Date

() Completed (or completing) some university credits, but not a degree

University	Number of Credits	Date of Last Credit

17. Religious Denomination: Anglican (); Roman Catholic (); United Church (); Other _____

18. Ordination Status:

() Enquirer (United Church); () Candidate; () Stipendiary; () Non-Stipendiary; () Application in process

Diocese: _____ Presbytery: _____ Conference: _____

Sponsoring Body: _____

Date of Acceptance: _____

Month

Year

Anticipated Date of Acceptance: _____

Month

Year

19. For those applying to the Summer/Distance M.Div. Program, please indicate if you have consulted () or will be consulting () with your Diocese () or Presbytery/Conference () regarding a supervised ministry placement.

20. Atlantic School of Theology Residence: I will () will not () be seeking space in residence. (Please see the AST website at <http://www.astheology.ns.ca/future/ASTResidence.html> for residence information and application form.)

Signature

Please enclose with this form payment of a non-refundable Application Fee of \$70.00. Please make your cheque 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: _____



Atlantic School of Theology

**MASTER OF DIVINITY PROGRAM
INSTRUCTIONS TO APPLICANT REGARDING LETTERS OF REFERENCE**

1. Three Letters of Reference are requested as part of our admissions process.
2. It is your responsibility to distribute to those you select the enclosed Letter of Reference form.
3. Those completing these letters on your behalf are requested to mail them directly to Office of the Registrar, Atlantic School of Theology.
4. Letters should be sent to us by:
 - a) A person acquainted with your academic work (e.g. – a professor, dean or teacher).
 - b) A pastor, minister or priest closely associated with you.
 - c) A person not employed in academic or church work.
5. For your convenience, an extra Letter of Reference form is included.

**ATLANTIC SCHOOL OF THEOLOGY
MASTER OF DIVINITY PROGRAM
LETTER OF REFERENCE**

Instructions/Information:

a) _____ has applied for admission into the Master of Divinity Program at Atlantic School of Theology, an ecumenical school of theology: Anglican, Roman Catholic and United Church. The Master of Divinity Program is designed primarily, but not exclusively, for persons preparing for ordained ministry. The applicant has given your name as a character reference. We appreciate the help you will give our Admissions Committee by this letter. Please be as informative as possible since your remarks will not only help in determining admission but also, should the applicant be admitted, in guiding his/her faculty advisor.

b) All information provided will be treated with confidentiality.

c) Please mail to : Office of the Registrar
Atlantic School of Theology
660 Francklyn Street
Halifax, Nova Scotia, Canada B3H 3B5

d) Name: _____ Position or Title: _____

Address: _____

Email Address: _____ Date: _____

1. In what capacity, and for how long, have you been acquainted with the applicant? Do you know her/him well?

(continued)

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MASTER OF DIVINITY PROGRAM
LETTER OF REFERENCE**

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