

Atlantic School of Theology is obliged to provide a portion of the information collected on this form to Statistics Canada for statistical, research and analytical purposes only. To learn more visit StatsCanPSIS.

BASIC INFORMATION

TO BE ASSIGNED BY REGISTRAR

Student Number Social Insurance Number **OR** Government Issued Identifier (Non-Canadian)

Last Name First Name Middle Name Courtesy (Ms., Mrs., Mr.)

Known As Previous Last Name Current Program (MDiv, MTS, MA, GCTS, etc.)

Birth Date (year/month/day)

CURRENT ADDRESS (effective September 1, 2018)

Street Address Apartment Number

City Province/State Postal Code Country

Home Phone Cell/Mobile Phone

Email Address

Student information collected by the Registrar's Office is shared confidentially with: (1) the AST Advancement Office [student name, denomination, program, email address, current mailing address, and other information as deemed appropriate by the Registrar]; and (2) the AST Student Union [student name, denomination, program and email address]. If you have questions or concerns in this regard, please contact the Registrar (registrar@astheology.ns.ca).

CONTINUED ON THE NEXT PAGE

