

PERSONAL REGISTRATION FORM
ACADEMIC YEAR 2019-2020



SECTION A - BASIC INFORMATION			
First Name	Middle Name	Last Name	Courtesy (Ms., Mr., etc.)
Birth Date (yyyy/mm/dd)	Gender (Male, Female, Gender Diverse)		
Current Program or Registration Status			

SECTION B - CONTACT INFORMATION			
Street Address			Apt. Number
City	Province/State	Postal Code	Country
Current Email Address		Phone Number	
If your contact information changes after submitting this form, please provide updates to the Registrar at registrar@astheology.ns.ca for Graduate Students or the Academic Office at academic@astheology.ns.ca for Diploma Students.			

SECTION C - STUDENT STATUS			
<u>Optional</u>	<u>Optional</u>		<u>Optional</u>
Aboriginal: Yes No	Disability or activity limitation: Yes No	Do you live in AST residence: Yes No	
Aboriginal group			

SECTION D - CITIZENSHIP AND PREVIOUS EDUCATION		
Mother Tongue	Country of Citizenship	
Status in Canada (e.g. Canadian citizen, permanent resident, international student visa, etc.)	Previous Country (if you moved to Canada to study, provide the name of the country from which you came)	
Highest level of elementary/secondary education completed (e.g. Grade 12)	Date last attended elementary/secondary school (year & month)	Country where last attended elementary/secondary school
Province or state of elementary/secondary school last attended	Previous educational activity - highest level of post-secondary education completed (e.g. Bachelor's degree)	

SECTION E - RELIGIOUS AFFILIATION
Religious denomination or tradition

ALL STUDENTS ARE REQUIRED TO COMPLETE SECTIONS “F” AND “G”

SECTION F	
Do you grant AST, or its representative, your permission to photograph and record your image and voice on still photographs, audio medium, and video medium and to use this material, in whole or in part, for the promotion of Atlantic School of Theology programs, events, or activities and do you assign and transfer to AST any and all rights, including copyright, which you may have in this material?	Yes No

SECTION G - In case of emergency, notify:		
Name	Relationship	Contact Number

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 statcan.gc.ca.

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 at registrar@asttheology.ns.ca or 902-425-3691.

GRADUATE STUDENTS:
<p><u>Campus Students</u></p> <p>Submit your Course Indicator Form (paper) and your and Personal Registration Form (paper) to the Registrar at Office 131, 660 Francklyn Street, Halifax.</p>
<p><u>Distance Students</u></p> <p>Submit your Course Indicator Form (PDF) and Personal Registration Form (PDF) in one email/package to the Registrar by email at registrar@asttheology.ns.ca or by paper by regular mail to Registrar, Atlantic School of Theology, 660 Francklyn Street, Halifax, NS B3H 3B5 or by fax at 902-492-4048</p>

DIPLOMA STUDENTS:
Submit your Unit Indicator Form (PDF) and Personal Registration Form (PDF) in one email/package to the Academic Office by email at academic@asttheology.ns.ca or by paper by regular mail to Academic Office, Atlantic School of Theology, 660 Francklyn Street, Halifax, NS B3H 3B5 or by fax at 902-492-4048

TO BE COMPLETED BY ATLANTIC SCHOOL OF THEOLOGY	
Date Received	Date processed
Notes:	

QUESTIONS ABOUT REGISTRATION?

Graduate Students - contact the Registrar at registrar@asttheology.ns.ca or 902-425-3691.

Diploma Students - contact the Academic Office academic@asttheology.ns.ca or 902-423-5592.