

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](http://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).*

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