

PERSONAL REGISTRATION FORM FOR RETURNING STUDENTS
ACADEMIC YEAR 2018-2019



SECTION A - BASIC INFORMATION			
First Name	Middle Name	Last Name	Courtesy (Ms., Mrs.,
Student Number	Current Program ((MDiv, MA, Graduate Certificate etc.)		
Birth Date (yyyy/mm/dd)	Previous Last Name (if changed since September 1, 2017)		

In an effort to ensure student data is current, please provide your contact information effective September 1, 2018. If your contact information changes during the academic year, please provide updates to the Registrar at registrar@astheology.ns.ca.

SECTION B - CONTACT INFORMATION			
Street Address			Apt. Number
City	Province/State	Postal Code	Country
Current Email Address		Phone Number	
Is this the email address you recorded on your Personal Registration Form for 2017-2018? Yes No			

PLEASE COMPLETE SECTIONS "C", "D" AND "E" ONLY IF YOUR INFORMATION HAS CHANGED SINCE SEPTEMBER 1, 2017

SECTION C - STUDENT STATUS								
Visible Minority (optional):	Yes	No	Disability (optional):	Yes	No	Do you live in residence:	Yes	No

SECTION D - CITIZENSHIP AND PREVIOUS EDUCATION			
Country of Citizenship	Immigration Status	Previous Country	
Highest level of elementary (Gr.1 to 9) /secondary (Gr. 10 to 12) completed		Date last attended	Country attended
Highest level of post-secondary (university, college, etc.) education completed			

SECTION E - RELIGIOUS AFFILIATION	
Denomination	Home Church
Ordination Status (e.g. enquirer, candidate, discernment, postulant)	Presbytery, Diocese or Sponsoring Body

CONTINUED ON THE NEXT PAGE

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@astheology.ns.ca or 902-425-3691.

TO BE COMPLETED BY REGISTRAR’S OFFICE	
Date Received	Date processed
Notes:	

REMINDER: Submit your *Course Indicator Form* and your *Personal Registration Form* in one package/email to the Registrar.
QUESTIONS ABOUT REGISTRATION? Contact the Registrar at registrar@astheology.ns.ca or 902-425-3691.