



Atlantic School of Theology

SPECIAL STUDENT APPLICATION FORM

1. Date of Application: _____

2. Full-Time () Part-Time ()

3. Application for academic year beginning: Month _____ Year _____

4. Name: _____
Surname Given Name(s)

5. Address: _____
Street

City/Town Province Postal Code Telephone No.

6. Email Address: _____

7. Social Insurance Number: _____

8. Date of Birth: _____
Day Month Year

9. Place of Birth: _____

10. Married () Single () Male () Female ()

11. Mother Tongue: English () French () Other _____ ()

12. Citizenship: Canadian () Other _____ ()
Immigration Status: Landed Immigrant () Student Visa () Other _____ ()
Date of Entry to Canada: _____

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

14. University Education:

University	Degree	Date
University	Degree	Date

AN OFFICIAL TRANSCRIPT OF YOUR ACADEMIC WORK MUST BE SENT DIRECTLY FROM YOUR COLLEGE OR UNIVERSITY TO THE REGISTRAR, ATLANTIC SCHOOL OF THEOLOGY. IT IS YOUR RESPONSIBILITY TO ARRANGE FOR THIS TRANSCRIPT TO BE SENT.

15. Other Academic Background: _____

AS WELL AS ACADEMIC STANDING, ENTRANCE TO THE SCHOOL REQUIRES "THE POSSESSION OF THOSE INTERESTS, APTITUDES AND PERSONAL OBJECTIVES WHICH CORRESPOND WITH THE SCHOOL'S PURPOSES."

PLEASE ACCOMPANY YOUR APPLICATION WITH A LETTER OF INTENT (1 TO 6 PARAGRAPHS) OUTLINING YOUR INTERESTS IN STUDYING AT THE SCHOOL AND THE OBJECTIVES WHICH YOU HOPE TO ACHIEVE).

16. Atlantic School of Theology Residence: I will () I will not () be seeking space in residence.

Signature

Please forward your completed application form, statement of interests, and official transcript to:

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 our Registrar:

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

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: _____