

Atlantic School of Theology
Diploma in Theological Studies (DTS) Program Application Form

Name: _____
Last First Middle

Address: _____
Street City/Town

Province/State Country Postal/Zip Code

Email: _____ Phone: (____) _____

Date of birth: ____ / ____ / ____ Social Insurance Number ____ / ____ / ____
yyyy / mm / dd (required for official tax receipt for tuition and/or bursaries)

Gender: Female Male Gender diverse First Language: _____

Religious denomination or tradition: _____

Optional information

AST collects the following information for statistical purposes and to improve student services. Information you provide here will not impact the university's decision to admit you to a program of study. You may skip this section if you wish.

Students with Disabilities

Do you consider yourself a person with a disability?

Yes No Prefer not to answer

Please note: Learning accommodations for persons with disabilities should be requested and documented by writing to the Academic Office prior to the start date of your studies.

Racial or Ethnic Identity

Please indicate if you self-identify within any of the following groups:

Indigenous, Aboriginal, First Nations status, First Nations non-status, Métis, or Inuit from Canada or the USA

Yes No Prefer not to answer

Indigenous, Aboriginal, or First Nations from other parts of the world

Yes No Prefer not to answer

Asian or a person of Asian descent

Yes No Prefer not to answer

Black or a person of African descent

Yes No Prefer not to answer

Pacific Islander or a person of Pacific Islander descent

Yes No Prefer not to answer

South Asian or a person of South Asian descent

Yes No Prefer not to answer

West Asian, Arab, or a person of West Asian or Arab descent

Yes No Prefer not to answer

White or a person of European, Anglo, or Celtic descent

Yes No Prefer not to answer

More than one racial or ethnic identity

Yes No Prefer not to answer

Other (please specify): _____

A minimum of high school diploma (or equivalent) is required for Diploma Program studies.

Please indicate highest level of education completed

High School (Grade 12 or equivalent)

College

University

If you previously attended AST, indicate program(s) and year(s) of study: _____

Intended start date for the Diploma in Theological Studies Program: Fall Winter

I confirm that the information given in this application form is true, complete and accurate.

Date

Signature of Applicant

A \$55 non-refundable application fee must be paid prior to the assessment of your application.

Please confirm your payment method:

E-transfer sent to businessoffice@astheology.ns.ca

Credit card- please contact the Business Office at businessoffice@astheology.ns.ca or (902)-222-0661

Cheque made payable to Atlantic School of Theology

Send your completed application form (and cheque, if applicable) to:

academic@astheology.ns.ca OR Academic Office, Atlantic School of Theology, 660 Francklyn Street, Halifax,
Nova Scotia B3H 3B5

If you have any questions, please contact us at 902-423-5592 or academic@astheology.ns.ca.