

DIPLOMA IN THEOLOGICAL STUDIES APPLICATION FORM



| SECTION A - BASIC INFORMATION | | | |
|--|--|-------------|---------------------------|
| First Name | Middle Name | Last Name | Courtesy (Ms., Mr., etc.) |
| Birth Date (dd/mm/yyyy) | Gender (Male, Female, Gender Diverse) | | |
| | Fall Term | Winter Term | |
| Social Insurance Number (required for tax receipt) | Intended Start Date for the Diploma in theological Studies | | |

| 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 Academic Office at astacademic@astheology.ns.ca . | | | |

| SECTION C - STUDENT STATUS | | | |
|---|------------------------------------|--------|-------------------------------|
| New students will be sent an optional self-identifying form. This information is used for statistical purposes and to improve student services. | <u>Optional</u> | | Do you live in AST residence: |
| | Disability or activity limitation: | Yes No | Yes No |

| SECTION D - CITIZENSHIP AND PREVIOUS EDUCATION | | |
|---|--|---|
| First Language | 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 | If you have previously studied at AST, please indicate the program, year, and/or student number |

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. Students may contact Statistics Canada via email if they have any questions: statcan.PSIS-SIEP.statcan@canada.ca

Student information collected by the Academic 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 Academic Office Coordinator at astacademic@astheology.ns.ca

| SECTION H - Application fee payment: |
|--|
| <p>A \$62 non-refundable application fee must be paid prior to the assessment of your application. Please confirm your payment method:</p> <ul style="list-style-type: none"> 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 <p>If you have questions about making a payment, please contact the Business Office at businessoffice@astheology.ns.ca If you intend to make a payment in person, please contact the Business Office to make an appointment prior to your arrival.</p> |

| DIPLOMA STUDENTS: |
|---|
| Submit your Unit Indicator Form (PDF) and Application Form (PDF) in one email/package to the Academic Office by email at astacademic@astheology.ns.ca or by paper by regular mail to Academic Office, Atlantic School of Theology, 660 Francklyn Street, Halifax, NS B3H 3B5 |

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

QUESTIONS ABOUT REGISTRATION?

Diploma Students - contact the Academic Office at astacademic@astheology.ns.ca

Academic Office | Atlantic School of Theology, 660 Francklyn Street, Halifax, Nova Scotia B3H 3B5