



# QUEEN'S COLLEGE

## Faculty of Theology

210 Prince Philip Dr., Suite 3000

St. John's, NL A1B 3R6

Phone: (709) 753-0116

Fax: (709) 753-1214

Email: [queens@mun.ca](mailto:queens@mun.ca)

Web Site: [www.queenscollegemun.ca](http://www.queenscollegemun.ca)

# APPLICATION FOR ADMISSION OR RE-ADMISSION

### Semester and Year for which application is being made.

Semester/Year		YES	NO
<input type="checkbox"/> Fall 201__	Have you previously applied to Queen's College	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Winter 201__	Have you previously attended Queen's College	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spring 201__	If yes, when did you last attend _____		

**Deadline Date:** To receive notification of admission prior to August 1<sup>st</sup>, all documentation must be received prior to May 1<sup>st</sup>

### Campus

- St. John's     Distance Education (A.Th. only)  
 Other (Specify) \_\_\_\_\_

Please indicate your intended category of attendance.

- Full-time     Part-Time

### Program

- Associate in Theology  
 Diploma in Theology and Ministry  
 Exploring Faith

### Personal Information

Title: \_\_\_\_\_  
(Mr., Mrs., Ms, Dr., The Rev'd etc.)

Full Name: \_\_\_\_\_

Permanent Mailing Address Street or P.O. Box #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Denominational Affiliation: \_\_\_\_\_  
(Day)    (Month)    (Year)\_

Gender:  Female     Male    MCP Number (NL Residents only) \_\_\_\_\_

Social Insurance Number (SIN) {Canadian applicants only}: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

### Next of Kin/Guardian Information

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Last)                      (First)                      (Second)                      (Mr., Mrs., Ms, Dr. The Rev'd, etc.)

Street: \_\_\_\_\_ City/Town: \_\_\_\_\_

Country: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

**Education (Post-Secondary)** — All official transcripts must accompany this application

(Please list all post-secondary institutions attended. This section must be completed by all applicants who have attended other post-secondary institutions. Otherwise omit this section.)

Institution 1: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month) (Year) (Month)

Name of Degree/Diploma/Certificate received: \_\_\_\_\_

Institution 2: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month) (Year) (Month)

Name of Degree/Diploma/Certificate received: \_\_\_\_\_

**All first time applications to Queen's College must include the following:**

1. A personal Statement describing your faith journey to this point (max. 1000 words).
2. One letter of reference, preferably from the cleric of your parish or congregation.
3. Any other personal information relevant to your application to Queen's College. (N.B. students requiring academic accommodation for a documented disability or special need are to notify the College in writing either upon application or immediately following admission.)

**Application for Admission/Re-Admission Processing Fees:**

Please note that all Applications for Admission/Re-Admission must be accompanied by the appropriate non-refundable fee as indicated below. This fee is applied to tuition at registration.

\$40.00 - If you have never attended this institution

\$40.00 - If you have previously attended Queen's College but you have not attended for two consecutive semesters (Fall & Winter)

Payment should be made by cheque or money order, payable to Queen's College. Payments from outside Canada or U.S. should be drawn on a Canadian or U.S. bank.

I hereby apply for enrolment at Queen's College and certify that the information contained herein is complete and correct. I understand the failure to disclose information required on this application form is considered to be an academic offence. If admitted, I agree to abide by all the rules and regulations set out by the College. I make this Application in acknowledgment that it is subject to all of the provisions of current and future College Calendars which govern my course of study at the College, including, without restricting the generality of the foregoing, any and all limitations and qualifications set out therein. I hereby authorize Queen's College to obtain all relevant records from any school or post-secondary institution which I have attended, and to release to agencies with a legitimate interest any non-confidential information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_