



QUEEN'S COLLEGE

Faculty of Theology

210 Prince Philip Dr., Suite 3000

St. John's, NL A1B 3R6

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Web Site: www.queenscollegenl.ca

APPLICATION FOR ADMISSION OR RE-ADMISSION

Semester and Year for which application is being made.

Semester/Year

Fall 201__

Have you previously applied to Queen's College

YES

NO

Winter 201__

Have you previously attended Queen's College

Spring 201__

If yes, when did you last attend _____

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

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

Discipleship and Ministry

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) c 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 Domestic Students **\$150.00 International Students** - If you have never attended this institution.

\$40.00 Domestic Students **\$150.00 International Students** - If you have previously attended Queen's College and 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:** _____