



QUEEN'S COLLEGE

Faculty of Theology

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APPLICATION

FOR

CONTINUING EDUCATION

Semester and Year for which application is being made.

Semester/Year		YES	NO
Fall 20____	Have you previously applied to Queen's College	<input type="checkbox"/>	<input type="checkbox"/>
Winter 20____	Have you previously attended Queen's College	<input type="checkbox"/>	<input type="checkbox"/>
Spring 20____	If yes, when did you last attend _____		

Campus

- St. John's
- Distance Education
- Other (Specify) _____

Please indicate your intended category of attendance.

- Full-time
- Part-Time

Program

- Continuing Education
 - Credit
 - Non-Credit

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): _____ (Work): _____ (Cell) _____

Fax: _____ Email: _____

Preferred First Name: _____

Date of Birth: ____/____/____ (Day) (Month) (Year) Denominational Affiliation: _____

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: _____

Telephone # (Home): _____ (Work): _____ (Cell) _____

Country: _____ Prov./State: _____

Relationship to Applicant: _____ Postal/Zip Code: _____

Education (Post-Secondary): all applicants who have attended other post-secondary institutions must complete 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: _____

Institution 3: _____

From: _____ / _____ To: _____ / _____
(Year) (Month) (Year) (Month)

Name of Degree/Diploma/Certificate received: _____

Application Processing Fees for Continuing Education Students:

Please note that all Applications 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 cash, credit card, 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:** _____