

QUEEN'S COLLEGE

Faculty of Theology

210 Prince Philip Drive, Suite 3000

St. John's, NL A1B 3R6 Phone: 709.753.0116

Email: registrar@queenscollegenl.ca

Web Site: www.queenscollegenl.ca

APPLICATION FOR

CONTINUING EDUCATION

Application Date: _____(Day/Month/Year)

Semester and Year for which application is being made.	
Semester/Year Fall 20 Have you previously applied to Quee	YES NO
Winter 20 Have you previously applied to Queen	
Spring 20 If yes, when did you last attend	
551 mg 26 men did you last attend	
Campus	Program
☐ St. John's	☐ Continuing Education
☐ Distance Education	□ Credit
☐ Other (Specify)	□ Non-Credit
Please indicate your intended category of attendance.	
☐ Full-time ☐ Part-Time	
Personal Information	
Title:(Mr., Mrs., Ms, Dr., The Rev'd, etc.)	
Full Name:	
Permanent Mailing Address Street or P.O. Box #:	
City/Town:	
Country:	
Telephone # (Home):(Work):	(Cell)
Email:	()
Preferred First Name:	
	Denominational Affiliation:
(Day) (Month) (Year)	
Gender: Female MCP Number (NL Residents only)	
Social Insurance Number (SIN) {Canadian applicants only}:	
Country of Citizenship:	
Next of Kin/Guardian Information	
Title:	
(Mr., Mrs., Ms, Dr., The Rev'd, etc.)	
Full Name:	
Street:	City/Town:
Telephone # (Home):(Work):	(Cell)
Country:	Prov./State:
Relationship to Applicant:	Postal/Zip Code:

Education (Post-Secondary): *All official transcripts must accompany this application* (This section must be completed by all applicants who have attended other post-secondary institutions.)	
Institution 1:	
Institution 1:	
(Year) (Month) (Year) (Month) Name of Degree/Diploma/Certificate received:	
Institution 2: 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:	
All first-time applications & those changing programs at Queen's College must include the following: **Please request the following letters of reference to be sent <i>directly</i> to Queen's College.**	
> B.Th. program Applicants : A letter of sponsorship or support from bishop (or denominational equivalent) plus one other, preferably academic.	
➤ M.T.S., M.Th. or M.Div. program Applicants: Two letters of reference, one of which should be academic. For M.Div. students who eventually hope to be ordained, the other must be a letter of sponsorship or support from your bishop (or denominational equivalent).	
> Current letter of conduct & Vulnerable Sector Check required from a police force (within 6 months of application).	
Any other personal information relevant to your application. (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 <i>Domestic Students</i> \$150.00 <i>International Students</i> - 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:	