

OFFICE USE ONLY	
Entry Code	
Student ID #	
Application Fee Paid	

APPLICATION FORM 2016-17

Please fill-in or ✓ responses as appropriate. Return completed form, **along with a non-refundable Application Fee of \$45.00 (\$250 International Students)** to: *Office of the Registrar, Newman Theological College, 10012 - 84 Street N.W., Edmonton, AB T6A 0B2, Phone: 780.392.2451, Toll Free: 1.844.392.2450, Fax: 780.462.4013*
Email: registrar@newman.edu

NAME _____
First / Middle / Last

DATE OF BIRTH _____ **PREFERRED NAME** _____
Day/Month/Year

FORMER NAME (if applicable) _____

HOME ADDRESS _____
Street / Box # / R.R.

_____ Town / City Province Postal Code Country (other than Canada)

() ()
Home Phone Alternate Phone E-mail Address

ADDRESS WHILST STUDYING AT NEWMAN (if different from above)

_____ Street / Box # / R.R.

_____ Town / City Province Postal Code Country (other than Canada)

() ()
Home Phone Alternate Phone E-mail Address

Emergency Contact: _____ ()
Name & Relationship to You Phone Number

___ Male ___ Female ___ Lay ___ Ordained

SOCIAL INSURANCE NUMBER _____

CITIZENSHIP

___ I am a Canadian citizen; ___ I am a _____ citizen; ___ I am a landed immigrant;

___ I hold a student visa; _____
(please provide a copy) date of entry (dd/mm/yy) date of expiry (dd/mm/yy)

___ I am a permanent resident

TOFEL SCORE /IELTS SCORE/ ESL 140/145 SCORE (If English is not your first language)

___ Paper Based Test _____ Paper Based Test
+ TWE _____ ESL 140/145 _____
___ IELTS Total Score _____ Computer Based _____ TOEFL iBT _____

RELIGIOUS AFFILIATION

Religious Affiliation _____ Parish _____

Religious Order (if applicable) _____

PLEASE TELL US HOW YOU HEARD ABOUT NEWMAN THEOLOGICAL COLLEGE (Select one option only.)

___ Alumni/Friend/Family ___ Diocese ___ Parish ___ School Board ___ Print Ad
___ Website ___ Social Media ___ Mail-out ___ Event Display ___ Other _____

**ACADEMIC HISTORY
HIGH SCHOOL**

Last grade completed _____ Last year attended (e.g. 2008) _____ Diploma received? Y N or _____
Name of high school _____ City & Province _____

POST SECONDARY

Name of Institution _____ City & Province _____
Level achieved (C-certificate, DP-diploma, DG-degree) _____ Years attended (e.g.2006-09) _____
Program/Faculty _____
Name of Institution _____ City & Province _____
Level achieved (C-certificate, DP-diploma, DG-degree) _____ Years attended (e.g.2006-09) _____
Program/Faculty _____

START TERM

_____ Fall (Sept.) _____ Winter (Jan.) _____ Intersession (May) _____ Summer (July)

ENROLMENT STATUS & PROGRAM OF STUDY

_____ Full-time (9+ credits) _____ Part-time (less than 9 credits)

Open Studies:

_____ Auditor (no credits)
_____ Unclassified (credits, not working for degree or diploma or no program declared)
_____ Visiting (transfer of credits to another institution)

MOTHER TONGUE (first language spoken and still understood)

_____ English _____ French _____ Other (please specify) _____

SELECT A PROGRAM

Theology:

_____ Master of Theology, M.Th. _____ Bachelor of Theology B.Th.
_____ Master of Theological Studies, M.T.S. _____ Diploma of Theology Dip.Th.
_____ Master of Divinity, M.Div. _____ Certificate of Theology C.Th.

Religious Education:

_____ Master of Religious Education, M.R.E. _____ Graduate Certificate in Catholic School Administration, G.C.C.S.A.

RE-ADMISSION: _____ **MATURE:** _____

APPLICANT CHECKLIST

The official copies of the following documents will be sent directly to NTC:

_____ High school transcripts _____ All post-secondary transcripts _____ TOEFL/IELTS score _____ Other (references etc.)
_____ \$45.00 non-refundable application fee/ \$250.00 International Student Fee _____ \$500.00 Re-admission Fee

Paid via: _____ MasterCard _____ Visa _____ Cheque

Card number _____ Expiry date _____ / _____

Name on credit card _____

The personal information collected on this application form is used to maintain NTC records in processing your enrolment, monitoring academic progress, providing tax receipts, distributing follow-up College-related information, College research, awards, graduation and fundraising/alumni contact. In signing this form, an individual consents to the use of their personal information for these purposes by NTC or disclosure to third parties for operational purposes that are consistent with the mission of NTC or as required by the Statistics Act (Canada) or by the government of Alberta. This information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* section 33(c). If you have any questions about the collection of your personal information, please contact the Registrar at 10012-84 Street NW, Edmonton, AB T6A 0B2 or by telephone at (780) 392-2451.

I agree to be governed by the policies, rules and regulations as set forth by NTC. I acknowledge that I have read the NTC Privacy Commitment (as it may be updated from time to time) located at www.newman.edu/privacy and hereby consent to the collection, use and disclosure by NTC and the Archdiocese of Edmonton and its agents of my personal information (whether previously collected or to be collected) for the purposes identified in the NTC Privacy Commitment.

Student Signature: _____ Date: _____

*** Please see website for information on available bursaries ***

Consent Form
Use of Image or Voice

Personal Information

Name: _____

Male _____ Female _____

Mailing Address _____ Postal Code: _____

Phone: (Home): _____ Phone: (Work) _____

Fax No.: _____ Email: _____

The signing of this form is strictly voluntary. I understand that I may withdraw my consent at any time but my (check all that are appropriate):

- Photograph,
- Moving image, and
- Audio clip;

I waive any proprietary rights I may have to them. I understand that the Department may wish to use the likeness of me in a number of ways, including on their website, or in publications or, advertising information to the public and/or promote programs and activities, and I grant them permission to do so.

I hereby release the Newman Theological College, its employees, agents, and subcontractors from any claims, actions, and liability for damages, losses, or expenses of any sort which may arise in connection with use of these likenesses.

I acknowledge I have read and understood the contents of this form, and have been given full opportunity to discuss the implications of this consent of my own free will and my decision is not based upon representations or advice by representatives of the Department.

I hereby give my consent, dated this _____ day of _____, 20____.

Signature Signature of Parent/Guardian of student if under age 18

Print Name _____

Refusal to sign this form will not result in any adverse effect upon rights, benefits or services currently provided by the NTC.

Newman Theological College and St. Joseph Seminary
Student Computer & Network Usage Agreement

In consideration of being granted access to computing, Internet and communications resources provided by Newman Theological College and St. Joseph Seminary (the "College"), and in consideration of such access being provided on a continuing basis, and in consideration of such access being enhanced from time to time, and other good and valuable consideration, the receipt and adequacy of which is acknowledged, I hereby confirm that access as stated herein is a valuable benefit and resource to me, and I therefore agree to the following:

1. I have carefully read and freely agree to be bound by the provisions of the Newman Theological College and St. Joseph Seminary Acceptable Use Policy (the "AUP"). I acknowledge and agree that access to computing, Internet and communications resources is for College educational purposes and use only.
2. I acknowledge and agree that my access to computing, Internet and communications resources is and shall remain a privilege subject to revocation without notice or compensation of any sort, and that such access is not a right or an obligation of any sort of the College.
3. I warrant and represent that I fully understand the provisions of the AUP and that any questions I may have, or have had, have all been answered to my satisfaction prior to my signing this Student User Agreement.
4. I acknowledge and agree that the AUP may be modified or amended by the College from time to time as required, in the sole discretion of the College, in order to keep pace with changing technologies and the changing nature of computers and the Internet. I agree to be bound by all such modifications and amendments and, should I have any objection to being bound by any modifications or changes, I agree to immediately advise the College of such objection, in which case Newman Theological College and St. Joseph Seminary shall be at liberty to revoke my privileges and access.
5. I understand that any further questions that may arise are to be directed immediately to the President, Dean or Rector, as appropriate in the circumstances, and I understand that any violation of the AUP or any amendments or additions thereto, will result in loss of access privileges and disciplinary action in accordance with College policies and due process in force at the time.

Student Name (Printed): _____

Student Signature: _____

Date: _____

Please submit this completed form to the Registrar's office for our records.