



OFFICE USE ONLY	
Entry Code	
Student ID #	
Application Fee Paid	

APPLICATION FORM FOR 2022-23 ADMISSION

Please fill-in or V responses as appropriate. Return completed form, **along with a non-refundable Application Fee of \$55.00 (\$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.*

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

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

MOTHER TONGUE (first language spoken and still understood)
 _____ English _____ French _____ Other (please specify) _____

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

_____ Paper Based Test _____ Paper Based Test + TWE _____ EAP 140/145 _____ CAEL _____

_____ 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 (AU/UNCL/VIS):

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

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.:
(General Lay: ___ Scripture: ___ Diac: ___ Angl: ___)
___ Bachelor of Arts in Catholic Studies B.A. (Fall intake only)

RELIGIOUS EDUCATION:

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

RE-ADMISSION ___ **MATURE ADMISSION:** (no undergraduate degree) _____

APPLICANT CHECKLIST

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

___ High School Transcripts/Self-Reported ___ All Post-secondary ___ TOEFL/IELTS/CAEL ___ Other
___ Transcript/SAT/ACT/CLT ___ Transcripts
___ \$55.00 non-refundable Application Fee (\$250.00 International Students) ___ \$500.00 Re-admission Fee
Paid via: ___ MasterCard ___ Visa ___ Cheque
Card number _____ Expiry date _____ / _____
Name on credit card _____ CV#: _____

Newman Theological College (NTC) collects students' personal information to maintain records in processing your enrolment, monitoring academic progress, providing tax receipts, distributing follow-up College-related information, College research, program assessment, 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 Privacy Officer, Dr. Jason West, at 10012-84 Street NW, Edmonton, AB T6A 0B2 or by telephone at (780) 392-2450. 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 Policy located at <https://www.newman.edu/NTCPrivacyPolicy> and hereby consent to the collection, use and disclosure by NTC, The Foundation of SJS and 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 Policy.

Student Signature: _____ Date: _____