

OFFICE USE ONLY	
Entry Code	
Student ID #	
Application Fee Paid	

APPLICATION FORM FOR 2019-20 ADMISSION

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
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.:
(General Lay: __ Scripture: __ Diac: __ Angl: __)

Religious Education:

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

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

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 _____ CVV _____

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 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 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 ***