

OFFICE USE ONLY	
Entry Code	
Student ID #	
Application Fee Paid	

## APPLICATION FORM FOR 2020-21 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; \_\_\_\_\_ date of entry (dd/mm/yy) \_\_\_\_\_ date of expiry (dd/mm/yy)  
(please provide a copy)  
\_\_\_ I am a permanent resident

**MOTHER TONGUE** (first language spoken and still understood)  
\_\_\_ English \_\_\_ French \_\_\_ Other (please specify) \_\_\_\_\_

**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) \_\_\_\_\_



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 provided 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 kind 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 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 conditions thereto, will result in loss of access to computing, Internet and communications resources 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.