



ST. ANDREW'S COLLEGE

1121 COLLEGE DRIVE
SASKATOON, SK S7N 0W3

Telephone: (306) 966-8970

Toll-free: 1-877-644-8970

Fax: (306) 966-8981

DIPLOMA IN THEOLOGY PROGRAM APPLICATION FOR ADMISSION

1. Personal Information

Name _____
Surname (please print) _____ Given names _____

E-mail address _____

Permanent address _____

Postal code _____ Telephone (_____) _____

Citizenship _____ Denomination _____

Social Insurance Number _____ Date of Birth _____
(Required for issuing tuition receipts for Income Tax purposes) *Month/Day/Year*

*(required to provide access to e-mail and online courses;
this information will be shared with Information Technology
Services at the University of Saskatchewan)*

In case of emergency notify _____
Name Telephone

Address _____

2. The following item is for statistical purposes and is optional.

Place of Birth _____

3. Give details of your post-secondary educational background, listing all schools, universities, seminaries attended and degrees or diplomas received or presently being completed. Transcripts of credits should be requested from each institution attended and sent directly from the institution to the Registrar, St. Andrew's College.

School or University	Location	Years Attended	Degrees, Diplomas-dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List the three most recent positions at which you have worked. (Begin with the most recent.) OR – Attach a resume.

(a) _____
Employer Address Dates

Type of Work Position Held

(b) _____
Employer Address Dates

Type of Work Position Held

(c) _____
Employer Address Dates

Type of Work Position Held

5. What specialized or professional training have you undertaken?

6. Do you plan to do your program in Saskatoon? Yes _____ No _____

7. **Autobiography:** Please attach to this application a brief autobiographical sketch including such matters as your interests and hobbies, impressions and early memories of family, peers, school, church, reactions to various significant people and events in your life which come readily to mind as meaningful in your development as a person, and your motives for seeking admission to this college.

8. Please enclose a sample of your writing on any subject, such as an academic paper, a report you have prepared, or something comparable. It will be returned at your request.

9. Other relevant information, if any:

10. **References:** Give the name, address and occupation of a person in ministry, a teacher, or some other professional person. Please send the enclosed form to the person named, with the request that the form be mailed directly to the Registrar, St. Andrew’s College, Saskatoon, Saskatchewan. Print your name on the form before mailing it.

11. **Declaration:** I agree, if admitted to St. Andrew’s College, to comply with the regulations of the College. I certify that the information I have provided on and in support of this application is complete and true in all respects and that no relevant information has been withheld. I understand that misrepresentation, falsification of documents, or withholding of requested information in regard to this application is a serious offence which may result in prosecution under the College’s disciplinary regulations and/or the Criminal Code of Canada. I also understand that other institutions may be notified if such information is discovered.

Signature of Applicant _____ **Date** _____

Please Note: It is the applicant’s responsibility to ensure that all supporting documentation reaches St. Andrew’s College. The application will not be processed until all documentation and the non refundable application fee \$75.00 are received.

Please return completed form to:

Registrar
St. Andrew’s College
1121 College Drive
Saskatoon, Saskatchewan
S7N 0W3

Applications are accepted at any time, but for applicants wishing to hear about acceptance by mid-June, a completed application with all supporting documents must be received by May 1st.

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*NOTE: “The use, retention and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).”*

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SASKATOON, SASKATCHEWAN

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## REFERENCE FORM

*Confidential statement concerning* \_\_\_\_\_

The Registrar of St. Andrew's College would appreciate a confidential statement from you concerning the person named above who has applied for admission to a Diploma in Theology program. Please indicate the length and nature of your relationship to the applicant. Information is desired especially on the following points: (1) character and personality (2) academic ability and (3) emotional stability.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Position and Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

*(please print)*

**PLEASE MAIL DIRECTLY TO:**  
REGISTRAR  
ST. ANDREW'S COLLEGE  
1121 COLLEGE DRIVE  
SASKATOON, SASKATCHEWAN  
S7N 0W3

\*This should NOT be returned to the Applicant\*