



ST. ANDREW'S COLLEGE
SASKATOON, SASK.

Telephone: (306) 966-8970
Toll-free: 1-877-644-8970
Fax: (306) 966-8981

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 Address Telephone

2. The following items are for statistical purposes and financial aid budgeting and are optional.

Place of Birth _____

Name of Partner *(if any)*: _____

Dependants *(if any)*: _____ Age _____

_____ Age _____

_____ Age _____

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	Completion date (if applicable)
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(a) Degrees Completed

(b) Degree(s) partially completed and/or university courses taken

(c) Diploma(s) and/or profession certification(s) completed

4. List all positions at which you have worked since graduating from high school. (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 additional specialized or professional training have you undertaken?

6. I am applying for: MTS _____ M.Div. _____

Master of Divinity applicants, please answer:

- a) Have you completed the Discernment process? Yes _____ No _____
- b) If yes, please arrange for confirmation of Candidacy status to be sent from your Presbytery to the College.
- c) If no, have you begun the Discernment process? Yes _____ No _____
- d) Name of Presbytery _____ Name of Conference _____
- e) Have you discussed your financial plan with your Discernment Committee or Presbytery Education and Students Committee? Yes _____ No _____
- f) If you have not completed a previous degree, have you applied for Shorter Course approval from the General Council offices? Yes _____ No _____

7. Give a brief statement of your financial status and plan for meeting all expenses while at the college.

- 8. a) Do you wish to begin studies in Saskatoon or at a distance? _____
- b) If you plan on coming to Saskatoon and would like information on staying in residence at St. Andrew's (plus rates and availability) - please call 1-877-644-8970.

9. **Autobiography:** Please attach to this application an 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.

Other relevant information, if any:

10. Please enclose AN ACADEMIC PAPER of your own composition on any subject. A paper which you have submitted in connection with a university course will suffice. It will be returned at your request.

11. **References:** Give names, addresses and occupations of THREE persons who can supply references for you, of whom at least one should be a member of the clergy and one a person who can attest to your academic ability (e.g. a professor). Please send one copy of the required forms enclosed to each person named, with the request that the form be mailed directly to the Registrar, St. Andrew's College, Saskatoon, Saskatchewan. Print your name on each form before mailing it.

a) _____

b) _____

c) _____

12. **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 of \$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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## 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 this School of Theology. 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 (3) emotional stability (4) leadership and vocational qualities (5) potential, in your opinion, for the full-time study of theology and ministry in the Church.

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\*