

**Regis College**  
**Diploma in Philosophical Studies (DPS)**  
**Admission Application Process**  
**Checklist**

**Step One (all applicants)**

- \_\_\_\_\_ Complete the Regis College Application Form.
- \_\_\_\_\_ Complete the University of Toronto Student Information Form.
- \_\_\_\_\_ Include a one-page statement of your interests and reasons for wishing to enrol.
- \_\_\_\_\_ Include a \$25 non-refundable application fee (cheque/money order payable to “Regis College”).

The above items are to be mailed to:

The Registrar, Regis College, 100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5

You will receive an email acknowledgment from the Registrar's Office when your application is received, indicating that an admissions file has been opened for you.

Once receipt of all documents by the College, your application will be reviewed by the Basic Degree Committee of Regis College. The Committee will inform you of its decision as soon as it is able.

**Step Two (all applicants)**

- \_\_\_\_\_ Arrange to have official transcripts for all your post-secondary studies sent directly to The Registrar at Regis College by contacting the Registrar's Office of the institution(s) concerned.
- \_\_\_\_\_ Ask two referees to complete the enclosed Reference Forms. Appropriate referees would know you in an academic, church, volunteer service or professional setting. At least one referee should be able to comment on your academic abilities. Referees should send the references directly to the Registrar at Regis College in envelopes sealed and signed at the back.

**Step Three (for applicants whose first language is not English)**

- \_\_\_\_\_ Arrange to take TOEFL (Test of English as a Foreign Language) exam and have the results forwarded to the Registrar's Office. This requirement will be waived for students who are able to prove that they have been working in an English environment. If you have questions about how to register for the TOEFL, the Registrar is happy to be of assistance.

**Information for international applicants**

Applicants who are not Canadian citizens must either provide proof that they already possess Landed Immigrant Status or a Canadian Student Visa or must be prepared to seek a Canadian Study Permit as soon as notice of admission has been received from the College and before registering for the first session. The Registrar is able to provide assistance to students seeking Canadian Study Permits.



# Regis College

Federated with the University of Toronto  
Founding Member of the Toronto School of Theology

## APPLICATION FOR ADMISSION

Please type all Information

### 1. NAME IN FULL

\_\_\_\_\_  
*Surname*

\_\_\_\_\_  
*Given Name(s)*

### 2. PRESENT ADDRESS

\_\_\_\_\_  
*Street Number*

\_\_\_\_\_  
*Apartment*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*Province/State + Country*

\_\_\_\_\_  
*Postal Code*

\_\_\_\_\_  
*Email Address*

### 3. RELIGIOUS DENOMINATION

### 4. STATUS

Lay\_\_\_\_\_

Religious\_\_\_\_\_

Jesuit\_\_\_\_\_

Diocesan\_\_\_\_\_

Sister\_\_\_\_\_

Brother\_\_\_\_\_

Seminarian\_\_\_\_\_

Priest\_\_\_\_\_

Minister\_\_\_\_\_

Deacon\_\_\_\_\_

Give pertinent particulars on the following lines: religious congregation (for non-Jesuits), province, diocese, conference, presbytery:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. BIRTH

Country\_\_\_\_\_

Province/State\_\_\_\_\_

### 6. PROGRAM OF REGISTRATION: Diploma in Philosophical Studies (DPS)

### 7. LANGUAGE COMPETENCY: Please evaluate your ability to read the following languages:

Use "very good", "good", "fair", "slight", "not at all":

Latin\_\_\_\_\_

Greek\_\_\_\_\_

Hebrew\_\_\_\_\_

French\_\_\_\_\_

German\_\_\_\_\_

Spanish\_\_\_\_\_

Other languages you know:\_\_\_\_\_

**IMPORTANT :** Please request the Registrar(s) of all institution(s) where you have done post-secondary or post-graduate studies to forward an official transcript of your academic record directly to the Registrar of Regis College.

A non-refundable **Application Fee** of \$25.00 (*Canadian Funds*) in cheque or money order payable to Regis College should be included with your application form.

Signature \_\_\_\_\_

Date\_\_\_\_\_

09/2009

100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5 Telephone: 416-922-5474 Fax: 416-922-2898

[www.regiscollege.ca](http://www.regiscollege.ca)

# Student Information Form

|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|---|---------------------------------|--|--|--|--|--|--|--|--|---|--|--------------------------------------|--|---|------------------|--|--|--|--|
| <b>SOCIAL INSURANCE NUMBER</b>  |                                 |  |  |  |  |  |  | <b>TORONTO SCHOOL OF THEOLOGY<br/>AND<br/>UNIVERSITY OF TORONTO<br/>INFORMATION SYSTEMS SERVICES</b> |  |   |  | <b>U. OF T. STUDENT NUMBER</b>       |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>SURNAME</b>  |                                 |  |  |  |  |  |  |  |  | <b>DATE OF BIRTH</b> > YEAR: _____ MONTH: _____ DAY: _____    |  |                                      |  |   |                  |  |  |  |  |
| <b>PREVIOUS SURNAME (IF APPLICABLE)</b>   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>GIVEN NAMES (IN FULL)</b>  |                                 |  |  |  |  |  |  |  |  | <b>GENDER</b>   |  |                                      |  |   |                  |  |  |  |  |
| <b>TITLE CODE</b> <input type="checkbox"/> MRS. <input type="checkbox"/> MR.. <input type="checkbox"/> MS. <input type="checkbox"/> REV. <input type="checkbox"/> FR. <input type="checkbox"/> SR. <input type="checkbox"/> OTHER _____ |                                 |  |  |  |  |  |  |  |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |  |                                      |  |   |                  |  |  |  |  |
| <b>MARITAL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED/WER <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> OTHER _____   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>MOTHER TONGUE</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER _____  |                                 |  |  |  |  |  |  | <b>COUNTRY OF CITIZENSHIP</b>  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>IF YOU ARE NOT A CANADIAN CITIZEN, PLEASE CHECK RELEVANT BOX BELOW:</b>  |                                 |  |  |  |  |  |  |  |  | <b>DATE OF ENTRY INTO CANADA</b>                              |  |                                      |  |   |                  |  |  |  |  |
| <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>MAILING<br/>ADDRESS</b>  | <b>STREET: &gt;</b>             |  |  |  |  |  |  | <b>APT/SUITE #: &gt;</b>   |  |   |  |                                      |  |   |                  |  |  |  |  |
|   | <b>CITY/TOWN: &gt;</b>          |  |  |  |  |  |  | <b>PROV./COUNTRY: &gt;</b>   |  |   |  |                                      |  |   |                  |  |  |  |  |
|   | <b>POSTAL CODE: &gt;</b>        |  |  |  |  |  |  | <b>HOME TEL.: &gt; (      )</b>  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   | <b>WORK TEL.: &gt; (      )</b> |  |  |  |  |  |  | <b>E-MAIL : (important) &gt;</b>   |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>PERMANENT<br/>HOME ADDRESS</b>   | <b>STREET: &gt;</b>             |  |  |  |  |  |  | <b>APT/SUITE #: &gt;</b>   |  |   |  |                                      |  |   |                  |  |  |  |  |
|   | <b>CITY/TOWN: &gt;</b>          |  |  |  |  |  |  | <b>PROV./COUNTRY: &gt;</b>   |  |   |  |                                      |  |   |                  |  |  |  |  |
|   | <b>POSTAL CODE: &gt;</b>        |  |  |  |  |  |  | <b>TEL.: &gt; (      )</b>   |  |   |  |                                      |  |   |                  |  |  |  |  |
| <input type="checkbox"/> SAME AS ABOVE  |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>I HAVE PREVIOUSLY ATTENDED THE FOLLOWING UNIVERSITIES</b>  |                                 |  |  |  |  |  |  | <b>DEGREE SOUGHT<br/>AND/OR<br/>OBTAINED</b>   |  | <b>IF BACHELORS, INDICATE<br/>LENGTH OF PROGRAMME</b>         |  | <b>CHECK IF DEGREE<br/>CONFERRED</b> |  | <b>HIGHEST<br/>ACADEMIC<br/>YEAR<br/>ATTENDED</b> | <b>ATTENDED</b>  |  |  |  |  |
| <b>UNIVERSITIES</b>   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   | <b>FROM - TO</b> |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
|   |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>I HAVE PREVIOUSLY APPLIED TO TST OR U.OF T.:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>I AM SEEKING THE FOLLOWING DEGREE OR DIPLOMA (IF ANY) AT TST:</b>  |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>I PROPOSE TO REGISTER AS A :</b> <input type="checkbox"/> FULL- TIME STUDENT <input type="checkbox"/> PART-TIME STUDENT  |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |
| <b>I PROPOSE TO REGISTER IN THE :</b> <input type="checkbox"/> FALL SEMESTER ( <i>September</i> ) <input type="checkbox"/> SPRING SEMESTER ( <i>January</i> ) <input type="checkbox"/> SUMMER SEMESTER                                  |                                 |  |  |  |  |  |  |  |  |   |  |                                      |  |   |                  |  |  |  |  |

**DATE:** \_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_



# Regis College

Federated with the University of Toronto  
Founding Member of the Toronto School of Theology

## RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT (*Please type or print*)

Statement concerning \_\_\_\_\_  
Surname Given Names

Proposed programme of study: **Diploma in Philosophical Studies**

Please place the completed reference form into an envelope, seal and sign at the back, and address it to: Registrar, Regis College, 100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5.

- How long have you known the applicant \_\_\_\_\_
- In what capacity \_\_\_\_\_
- Please rank the applicant in the following areas:

*Circle the appropriate number:*

Outstanding 10; Excellent 9; Very Good 8; Good 7;  
Fair 6; Adequate 5; Poor 4; Unable to Judge 0.

|                                    |    |   |   |   |   |   |   |   |
|------------------------------------|----|---|---|---|---|---|---|---|
| a) Academic Achievement            | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| b) Oral/Written Expression         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| c) Pastoral Skills and Sensitivity | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| d) Sense of Responsibility         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| e) Motivation                      | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| f) Overall Potential               | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |

4. Please comment on the applicant's academic and personal preparedness for the proposed course of studies, and on his/her strengths and weaknesses: (Use the other side of this sheet if necessary)

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Fair 6; Adequate 5; Poor 4; Unable to Judge 0.

|                                    |    |   |   |   |   |   |   |   |
|------------------------------------|----|---|---|---|---|---|---|---|
| a) Academic Achievement            | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| b) Oral/Written Expression         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| c) Pastoral Skills and Sensitivity | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| d) Sense of Responsibility         | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| e) Motivation                      | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |
| f) Overall Potential               | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 0 |

4. Please comment on the applicant's academic and personal preparedness for the proposed course of studies, and on his/her strengths and weaknesses: (Use the other side of this sheet if necessary)

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_