

**Regis College
Special Student (Basic)
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.
- _____ Mail all the above with a \$25 non-refundable application fee to The Registrar, Regis College, 100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5.

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

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 a 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.

Step Four (international applicants only)

- _____ 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 semester. The Registrar is able to provide assistance to students seeking Canadian Study Permits.

Once your application is complete, it 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.



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:

MAMS_____

M.Div._____

MTS_____

STB_____

STM_____

Special Student_____

CRD (Loyola/Regis)_____

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 the institution(s) where you have done post-secondary or post-graduate studies to forward an official transcript of your academic record 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

Student Information Form

SOCIAL INSURANCE NUMBER								TORONTO SCHOOL OF THEOLOGY AND UNIVERSITY OF TORONTO INFORMATION SYSTEMS SERVICES				U. OF T. STUDENT NUMBER															
SURNAME										DATE OF BIRTH > YEAR: _____ MONTH: _____ DAY: _____																	
PREVIOUS SURNAME (IF APPLICABLE)																											
GIVEN NAMES (IN FULL)															GENDER												
TITLE CODE <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												
MARITAL STATUS <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 _____																											
MOTHER TONGUE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER _____										COUNTRY OF CITIZENSHIP																	
IF YOU ARE NOT A CANADIAN CITIZEN, PLEASE CHECK RELEVANT BOX BELOW:												DATE OF ENTRY INTO CANADA															
<input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER VISA																											
MAILING ADDRESS		STREET: >										APT/SUITE #: >															
		CITY/TOWN: >										PROV./COUNTRY: >															
		POSTAL CODE:>										HOME TEL.: > ()															
		WORK TEL.: > ()										E-MAIL : (important) >															
PERMANENT HOME ADDRESS		STREET: >										APT/SUITE #: >															
		CITY/TOWN: >										PROV./COUNTRY: >															
		POSTAL CODE: >										TEL.: > ()															
<input type="checkbox"/> SAME AS ABOVE																											
I HAVE PREVIOUSLY ATTENDED THE FOLLOWING UNIVERSITIES								DEGREE SOUGHT AND/OR OBTAINED				IF BACHELORS, INDICATE LENGTH OF PROGRAMME				CHECK IF DEGREE CONFERRED				HIGHEST ACADEMIC YEAR ATTENDED				ATTENDED			
UNIVERSITIES																											
												3- YEAR		4- YEAR		NO		YES						FROM - TO			
I HAVE PREVIOUSLY APPLIED TO TST OR U.OF T.: <input type="checkbox"/> YES <input type="checkbox"/> NO																											
I AM SEEKING THE FOLLOWING DEGREE OR DIPLOMA (IF ANY) AT TST:																											
I PROPOSE TO REGISTER AS A : <input type="checkbox"/> FULL- TIME STUDENT <input type="checkbox"/> PART-TIME STUDENT																											
I PROPOSE TO REGISTER IN THE : <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 _____

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 _____



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 _____

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 _____