



Regis College

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

APPLICATION FOR ADMISSION TO STL OR STD

NAME: _____
Surname Given Names

PRESENT ADDRESS: _____

Are you presently enrolled in a TST College other than Regis? If so, which College? _____

Have you completed a Master of Divinity degree with a comprehensive exam in Catholic theology?

Yes No If yes, please provide a copy of the relevant transcript.

Programme For Which Application Is Being Made: STL STD

If you are applying to the STD programme, do you have an STL or its equivalent? Yes
No If yes, please provide a copy of the relevant transcript.

POST-SECONDARY EDUCATION INFORMATION

Institution	Years Attended	Major Subject	Degree/Date

LANGUAGES:

Language	Year(s) of Study	Length of Study
Hebrew		
Greek		
Latin		
German		
Other		

OVER.....

APPLICATION FOR ADMISSION TO STL OR STD

Page 2 of 2

Two Letters of Recommendation are required. Please list possible referees below:

1. _____
2. _____

PERSONAL INFORMATION

Date of Birth (day, month, year): _____ Citizenship _____

Telephone: _____ E-Mail (if applicable) _____

If your permanent address is different from the address listed above, please insert below:

Date of Application: _____ Signature: _____

NOTE: This application, **accompanied by a brief statement of purpose** and a \$25.00 non-refundable application fee, should be forwarded to the Registrar, Regis College, 100 Wellesley Street W., Toronto, ON M5S 2Z5.

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												FROM - TO							
						3- YEAR		4- YEAR		NO		YES							
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 (September) <input type="checkbox"/> SPRING SEMESTER (January) <input type="checkbox"/> SUMMER SEMESTER																			

DATE: _____

STUDENT'S SIGNATURE: _____