

Regis College
Test Drive - Special (Basic) Student
Admission Application Process
Checklist

Step One (all applicants)

- _____ Complete the Regis College Application Form.
- _____ Complete the University of Toronto Student Information Form.
- _____ Mail all the above 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

TEST DRIVE APPLICATION FORM

Please type or print all Information

1. To be eligible for a "Test Drive" reduction in your first course at Regis College, please complete and return this application to the Registrar's Office, 100 Wellesley Street W., Toronto, Ontario, Canada M5S 2Z5.
2. Applicants must hold an undergraduate degree, may be in any field. Please arrange to have original transcripts sent directly to the Registrar of Regis College.
3. Upon receipt of your application, a follow-up package will be sent with two reference forms and a University of Toronto student information form. These forms are available on line at www.regiscollege.ca/TestDrive
4. The application fee of \$25.00 is waived for Test Drive applicants.
5. Some conditions and restrictions apply – please see www.regiscollege.ca/TestDrive or the following page.

1. NAME IN FULL

Surname Given Name(s)

2. PRESENT ADDRESS

Number/Street Apartment

City/Town Province/State/Country Postal Code

Email Telephone

3. PLACE OF BIRTH

Country Province/State

4. RELIGIOUS DENOMINATION

5. PARISH CHURCH

Name City

6. ENGLISH LANGUAGE PROFICIENCY

Is English your first language:

Yes No

Please circle one

If English is not your first language,
have you attended university level courses in English?

Yes No

Please circle one

Signature _____ Date _____

Student Information Form

SOCIAL INSURANCE NUMBER	TORONTO SCHOOL OF THEOLOGY AND UNIVERSITY OF TORONTO INFORMATION SYSTEMS SERVICES	U. OF T. STUDENT NUMBER (if any)										
		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
NAME		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 <input type="checkbox"/> SAME AS ABOVE	STREET: > _____	APT/SUITE #: > _____
	CITY/TOWN: > _____	PROV./COUNTRY: > _____
	POSTAL CODE: > _____	TEL.: > () _____

I HAVE PREVIOUSLY ATTENDED THE FOLLOWING UNIVERSITIES	DEGREE SOUGHT AND/OR OBTAIN	IF BACHELORS, INDICATE LENGTH OF PROGRAMME		CHECK IF DEGREE CONFERRED		HIGHEST ACADEMIC YEAR ATTENDED	ATTENDED	
		3- YEAR	4- YEAR	NO	YES		FROM	To
UNIVERSITIES								

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 Test Drive Special (Basic)

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.

1. How long have you known the applicant _____
2. In what capacity _____
3. 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 _____

Email Address _____ Phone Number _____

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 Test Drive Special (Basic)

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 _____

Email Address _____ Phone Number _____

Signature _____ Date _____