

Application for Saint Mary's University

Program Selection

Term

☐ Spring 20_____ ☐ Fall 20_____

Academic Program

- ☐ Visiting Undergraduate
- ☐ Visiting Postgraduate
- ☐ Open Studies Student (Academic Gap Year)
- ☐ First Year Student (Bachelor)
- ☐ Upgrading Student (Master)
- ☐ Other: _____

Program Selection (Full Degree)

Agent Representation

Do you have an education or international agent representing you?

If so, please name the individual and/or agency ____ College Contact GmbH _____

Personal Information

Names

First Name _____

Middle Name _____

Last Name _____

Previous Surname (if applicable) _____

Additional Information

Please indicate your gender

☐ Female ☐ Male ☐ Other: _____

Date of Birth (DD/MM/YYYY) _____

First Language _____

Country of Birth _____

Country of Citizenship _____

Citizen Status in Canada

☐ Student Visa (International Students) ☐ Canadian Citizen ☐ Permanent Resident

Have you previously applied to or registered in courses at Saint Mary's University?

☐ No ☐ Yes, Student ID: _____

Permanent Address

Email Address _____

Mailing Address

Street _____

City _____

Postal Code (optional) _____

Country _____

Telephone

Primary Phone Number _____

Additional Cell Phone Number (optional) _____

Academic History

Secondary School (High School)

School _____

Country _____

Attended from (MM/YYYY) _____ until (MM/YYYY) _____

Graduated? ☐ Yes ☐ No

Is this school semestered? ☐ Yes ☐ No

Post-Secondary Institutions

Post-Secondary Institution 1

University Name _____

University Address _____

Attended from (MM/YYYY) _____ until (MM/YYYY) _____

Graduated? ☐ Yes ☐ No

Degree _____

Degree Date (DD/MM/YYYY) _____

Post-Secondary Institution 2

University Name _____

University Address _____

Attended from (MM/YYYY) _____ until (MM/YYYY) _____

Graduated? ☐ Yes ☐ No

Degree _____

Degree Date (DD/MM/YYYY) _____

Have you ever been required to withdraw from any post-secondary institution for academic reasons?

☐ Yes ☐ No

English Language Proficiency

Is English your first language? ☐ Yes ☐ No

Was your high school and/or post-secondary institution taught in English? ☐ Yes ☐ No

Have you taken an English Language Proficiency Test? ☐ Yes: _____ ☐ No

Self-Identification Questionnaire (Optional)

Do you consider yourself an Aboriginal person? ☐ Yes ☐ No

Do you consider yourself Black / a person of African descent? ☐ Yes ☐ No

Do you consider yourself as another visible minority? ☐ Yes ☐ No

Students with Special Needs

Do you have a disability that may need to be accommodated while attending SMU? ☐ Yes ☐ No

Additional Information

Emergency Contact (optional)

Emergency Contact's Full Name _____

Relationship _____

Emergency Contact's Phone Number _____

Emergency Contact's Email Address _____

Emergency Contact's Address _____

Permission to release personal information

☐ I hereby consent to the release of information concerning my application for admission during the application evaluation period to:

Name of Representative _____

Relationship _____

Application Fee Payment (\$100 CAD)

Method of Payment: ☒ Credit/Bank Card

Credit/Bank Card

Cardholder's Name: _____

Credit Card Billing Address: _____

Credit Card Number: _____

CVV2: _____

Credit Card Type:

☐ Visa

☐ Mastercard

☐ American Express

Expiration Date (MM/YYYY): _____

Cardholder's email address: _____

Cardholder's Signature: _____

Certification

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Saint Mary's University gathers and maintains information used for the purposes of admission, registration, and other fundamental activities related to being a member of the university community and a public post-secondary institution in the province of Nova Scotia. This information includes contact information, information regarding university programs, services, university advancement and development, and information maintained in Student Records as defined in relevant University policies. Applications, documents, and transcripts will form part of the Student Record and may be disclosed to faculty or members of the university staff, partner or external agent organizations, or contracted recruitment representatives for officially recognized use. In signing an application for admission, any information placed on your student record will be protected and used in compliance with Nova Scotia's Freedom of information and Protection of Privacy Act 1993, c5,s.1. Regulations relating to all academic matters and student conduct on campus are made by the Board of Governors and the Senate of the university. In making this application, the student agrees to abide by all regulations, from time to time promulgated by the university. Attendance refers to both full-time and part-time and even applies in cases of withdrawal before completion of an academic year or program.

☐ I hereby certify that all of the information provided in this application is complete and correct, and I authorize Saint Mary's University to verify any information provided as part of this application. I understand that withholding information or falsification of information in this application or supporting documents may be considered grounds for non-admission or, after admission, grounds for dismissal.

☐ I hereby permit College Contact to submit the information which I have provided on this form to Saint Mary's University via an electronic online application form created and maintained by Saint Mary's University.

Date _____ Signature _____