



# SAINT MARK'S COLLEGE

THE CATHOLIC THEOLOGICAL COLLEGE AT THE UNIVERSITY OF BRITISH COLUMBIA

5935 IONA DRIVE VANCOUVER, BC V6T 1J7, CANADA

PHONE 604.822.4463 \* FAX 604.822.4659

## APPLICATION FORM

APPLICATION FOR ADMISSION

Please check program applying

**MASTERS DEGREE**

**GRADUATE CERTIFICATE**

Field of Concentration:

Religious Education

Pastoral Studies

Educational Leadership

Theological Studies

Catholic Ministry Leadership

**CERTIFICATE IN CATHOLIC STUDIES**

**OTHERS (Specify):** \_\_\_\_\_

### PROGRAM START

Year \_\_\_\_\_

Fall (Sept-Dec)

Winter (Jan-Apr)

Spring (May-June)

Summer (July - Aug)

### PERSONAL INFORMATION

Name		<input type="checkbox"/> Canadian Citizen
		<input type="checkbox"/> Permanent Residence
		<input type="checkbox"/> Others (Specify): _____
Address		
City	Province/State	Postal Code
Phone Number	Work	Mobile Number
Email		Date of Birth Day / Month / Year

### ACADEMIC PROFILE

List in order all of the institutions you have attended. Official transcripts of undergraduate are required for those applying for Master's and Graduate Certificate Programs.

Institution	Address	Degree Earned/Year
Institution	Address	Degree Earned/Year
Institution	Address	Degree Earned/Year

### REFERENCES (e.g. professors, school administrators, pastors, volunteer coordinators, employers)

Name	Address	Phone

## ADDITIONAL INFORMATION (Optional)

As a Catholic College, we would like to know more about you.

Religion \_\_\_\_\_

How did you hear about Saint Mark's College?

- Pastor       Poster in Parish       Current SMC student       Former SMC student  
 Internet       Newspaper ads/ Article       Other (Please specify) \_\_\_\_\_

You may use this space if you like to share information not already covered in this form. Please attach extra sheets if necessary.

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## RELEASE OF STUDENT PERSONAL INFORMATION

The personal information on this form may be collected, used, disclosed for the purposes of admission, registration, research, student association, emergency, alumni development, opportunity to support Saint Mark's College, and other purposes and activities consistent with the mandate of the College and related to being a member of the College's community and attending a post-secondary institution in the Province of British Columbia.

I have read and understood the above statement.

Initial of Student: \_\_\_\_\_

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## DECLARATION

To the best of my knowledge, I have completed this form accurately and fully. If I am admitted to the College, I agree to abide by its policies and regulations as published online at [www.stmarkscollege.ca](http://www.stmarkscollege.ca).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to:

**Registrar's Office, Saint Mark's College, 5935 Iona Drive, Vancouver, BC V6T 1J7 Canada**

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### For Office Use Only:

- Application Fee  
 Letter of Intent  
 Letter of Reference  
 Letter of Reference  
 Official Academic Transcripts  
 Language Proficiency (if applicable)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended for admission       On hold

Condition, if any \_\_\_\_\_

Admission not recommended \_\_\_\_\_

Decision letter sent on \_\_\_\_\_

Date

\_\_\_\_\_  
Admissions Officer

\_\_\_\_\_  
Date