

SAINT MARK'S COLLEGE

THE CATHOLIC THEOLOGICAL COLLEGE AT THE UNIVERSITY OF BRITISH COLUMBIA



APPLICATION FORM

APPLICATION FOR ADMISSION

Please check one

Master of Arts in

- Religious Education
- Pastoral Studies
- Theological Studies

Graduate Certificate in

- Religious Education
- Pastoral Studies
- Theological Studies

Continuing Education in

- Religious Education
- Ministry
- Theology
- Spirituality

PROGRAM START

Year _____ Fall (Sept-Dec) Winter (Jan-Apr) Spring (May-Jun) Summer (Jul-Aug)

PERSONAL INFORMATION

Citizenship: Canadian ___ Permanent Resident: ___ Other (specify): _____

Name		SIN
Address		
City	Prov/State	Postal Code
Phone #	Work	Cell #
Email		Date of Birth DAY / MONTH / YEAR

ACADEMIC BACKGROUND

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

Name of Institution	Location	Degree
Name of Institution	Location	Degree
Name of Institution	Location	Degree

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

Name	Address	Phone

SAINT MARK'S COLLEGE

5935 IONA DRIVE VANCOUVER BC V6T 1J7 CANADA

TEL 604.822.4463 FAX 604.822.4659 EMAIL registrar@stmarkscollege.ca www.stmarkscollege.ca

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 Research Newspaper ads/articles Other (Please specify.) _____

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

RELEASE OF STUDENT PERSONAL INFORMATION

The personal information on this form may be collected, used and disclosed for the purposes of admission, registration, research, student association, emergency, alumni development, opportunities 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: _____

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.

Signature

Date

Please return completed form to

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

For Office Use Only:

- Application Fee
 Letter of Application
 Letter of Reference
 Letter of Reference
 Language proficiency
 Official Transcripts

Notes: _____

Recommended for admission On hold

Conditions, if any _____

Admission not recommended _____

Decision letter sent _____
Date

Admissions Officer

Date

Pre-Approval Process

- o People considering applying are advised to contact the College to discuss their interest in the program.

Saint Mark's College Application Check list

- o **Completed Application Form**
- o **\$25 Application Fee**
- o **Transcripts**
Transcripts sent directly from secondary or post-secondary institutions to the Registrar's Office.
- o **Letter of Application**
A letter of application outlining the candidate's interest in pursuing theological education.
This should include a description of any past experiences in ministry and a statement of intent regarding studies at Saint Mark's College.
- o **2 Letters of Recommendation**
- o **For International Students**
International students must provide additional documentation. Please consult the Registrar.
- o **Send items to**

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

Graduate Program Application Deadlines

Programs	Start Date	Application Deadline	Admission Decision
Masters of Arts & Graduate Certificates	Fall (September)	May 1	June 15
	Winter (January)	September 1	October 15
	Spring (May)	January 1	February 15
	Summer (July)	March 1	April 15
Continuing Education	Each term	Ongoing	n/a

Questions? Contact the Registrar's Office:

Telephone: 604.822.4463

Fax: 604.822.4659

Email: registrar@stmarkscollege.ca