QUEEN'S SCHOOL OF RELIGION

Kingston, ON K7L 3N6 Canada Phone: 613-533-2110 Fax: 613-533-6879

Email: osheac@queensu.ca website:www.queensu.ca/religion

APPLICATION FOR ADMISSION AS A SPECIAL STUDENT

PERSONAL DATA:

NAME	(Legal Surname)	(All Legal Given Names/Underline most commonly used) GENDER		
FORME	R SURNAME (If applicable)	Male/Female		
DATE O	F BIRTH (Yr/Mo/Day)	FIRST LANGUAGE (English/French/Other Specify)		
COUNT	RY OF CITIZENSHIP	STATUS IN CANADA(Citizen/Resident/StudentVisa)		
MAILIN	G ADDRESS:Ap	t/No. and Street		
City/Prov	ince/Country/Postal Code			
Area Cod	e & Home Phone Are	ea Code & Work Phone Area Code Fax		
	NENT ADDRESS: nt from above)			
E-MAIL	ADDRESS:			
STUDEN	T NUMBER (if previously e	enrolled at Oueen's):		

PREVIOUS EDUCATION: (List all post-secondary institutions attended including colleges and universities)

From/To (Yr/Mo)	Name & Location of Institution	Program	Level/Diploma/Degree			
Is your scholastic record a fair reflection of your ability? \square Yes \square No If "no", please explain:						
STUDY PLANS						
Course(s) to be taken:						
Term(s) : \square Fall 200 \square Winter 200 \square Spring/Summer 200						
DOCUMENTATION AND FEES:						
\$50 Non-Refundable Application Fee Enclosed. This "one-time" fee is only charged to those applicants who do not already have a Queen's University student number.						
OFFICIAL POST-SECONDARY TRANSCRIPTS HAVE BEEN REQUESTED AND WILL BE FORWARDED DIRECTLY TO QUEEN'S SCHOOL OF RELIGION.						
Signature of Applicant Date						