



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 <u>College Contact GmbH</u>

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?

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? \Box Yes \Box No

Additional Information

mergency Contact (optional)
mergency Contact's Full Name
elationship
mergency Contact's Phone Number
mergency Contact's Email Address
mergency Contact's Adress

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		
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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 Novia 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 atters 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	Signatu
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