

# Application for Admission

## The Faculty of Theology

In Conjunction with The Winnipeg Theological Cooperative

## The University of Winnipeg

515 Portage Ave / Wpg., MB / R3B 2E9 / (204) 786-9309/ Toll Free (North America): (800) 679 - 8496  
fax: (204) 774-4134 / email: [d.habtemariam@uwinnipeg.ca](mailto:d.habtemariam@uwinnipeg.ca) / website: [theology.uwinnipeg.ca](http://theology.uwinnipeg.ca)

**Processing fee:** A \$75.00 Domestic \$90.00 International NON-REFUNDABLE APPLICATION FEE  
MUST ACCOMPANY THIS APPLICATION

**Send application to Graduate Studies, Room 3D07B**

Dr.  Rev.  Mr.  Ms.  Miss  Mrs.  Male  Female

NAME \_\_\_\_\_  
Surname Given Middle (or Initial)

HOME ADDRESS \_\_\_\_\_  
Street City Postal Code

TELEPHONE (HOME) ( ) (WORK) ( ) (FAX)( )

EMAIL \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
optional

RELIGIOUS AFFILIATION \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
optional Month / Day / Year

CITIZENSHIP  Canadian Citizen  Landed Immigrant  International Student  Aboriginal

## Please indicate your program of choice:

**Note: By checking off accordingly, you authorize our office to provide contact information to your designated Home Institution**

Master of Arts (Theology)

Master of Arts in Spiritual Disciplines and Ministry Practices

If applying to the Master of Arts in Spiritual Disciplines and Ministry Practices, please indicate your home institution:

The Faculty of Theology, The University of Winnipeg - 515 Portage Ave, Wpg., MB, R3B 2E9

Centre for Christian Studies (Joint Diploma/Degree) - Woodsworth House, 60 Maryland St., Wpg., MB, R3G 1K7

Master of Sacred Theology (STM)

Bachelor of Theology (BTH)

If applying to the BTH Program, please indicate your home institution:

The Faculty of Theology, The University of Winnipeg - 515 Portage Ave, Wpg., MB, R3B 2E9

Dr. Jessie Saulteaux Resource Centre - Box 210, Beausejour, MB., MB, R0E 0C0

Centre for Christian Studies (Joint Diploma/Degree) - Woodsworth House, 60 Maryland St., Wpg., MB, R3G 1K7

Master of Divinity (MDIV)

If applying to the MDiv Program, please indicate your home institution:

The Faculty of Theology, The University of Winnipeg - 515 Portage Ave, Wpg., MB, R3B 2E9

CMU - 500 Shaftesbury Blvd., Wpg., MB, R3P 2N2

William & Catherine Booth College - 447 Webb Place, Wpg., MB, R3B 2P2

St. John's College - 92 Dysart Rd., Wpg., MB, R3T 2M5

### COOPERATIVE HOME INSTITUTION

**The Cooperative Representative of your home institution facilitates the admission of students to The University of Winnipeg when applying to a Specific Program as a Regular Student. The Cooperative Representative of your home institution is responsible for your academic guidance. Your home institution serves as your primary community for spiritual formation and denominational identity development.**

**NOTE:** Separate applications for each specific program listed above **MUST** also be submitted.

SEE OVER

**IF YOU'RE NOT APPLYING TO ANY OF THE PROGRAMS ON THE PREVIOUS PAGE, PLEASE INDICATE YOUR DESIRED STATUS:**

- Occasional (has an undergraduate degree; official transcripts required)
- Special (does not have an undergraduate degree; must receive written permission from the Registrar)
- SPE/CPE note: if you are attending another university you will require a LoP or LoGS (see below)
- Letter of Permission (LoP) **OR**  Letter of Good Standing (LoGS) - from another academic institution outside of the Cooperative); Full Name of Institution: \_\_\_\_\_

**NOTE:** Please refer to the Faculty of Theology Calendar for appropriate documentation required.

**DECLARATION (please read and sign/date below)**

I Declare that all statements made with respect to this application are true and complete. I agree, if admitted, to comply with the regulations of The University of Winnipeg, Faculty of Theology.

Please read the following information carefully. The declaration must be signed and dated before your application can be submitted. All relevant information (including ALL reference to previous post-secondary education), supporting documentation, and the non-refundable application fee must be submitted with this application. Registration at a post secondary institution subsequent to the submission of this application must be declared in writing.

**Protection of Privacy**

Personal information collected on this form will be utilized by the University of Winnipeg for admission and registration purposes. It is collected under the general authority of the *University of Winnipeg Act*, and in conformity with the *Manitoba Freedom of Information and Protection of Privacy Act*.

The information will be used to admit you as a student, register you in classes and record your grades, create your permanent student record and provide you with student privileges (library, athletics, voting in elections, counseling and health services). It will also be used for accounting and correspondence purposes related to admission and registration, and may be employed in the determination of eligibility for student awards. Information regarding graduation and awards may be made public. Elements of your personal information may also be provided to University Relations to inform you of University and community events, and for alumni contact purposes. Finally, personal information may be used to conduct research into University enrolment and related statistical profiling activities.

Your personal information is protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information please contact: Eric Benson, Assistant Registrar, Graduate Studies-Student Services, Room **3D07B**, University of Winnipeg, 515 Portage Ave, Winnipeg, MB R3B 2E9 (204) 258-2976 fax (204) 774-4134 e.benson@uwinnipeg.ca

- I declare that I have read and understood the information on this application, and that all statements made with respect to this application are true and complete. I agree, if admitted, to comply with the regulations of the **University of Winnipeg**.
- I consent to the disclosure of information on this application to other educational institutions to verify my statements and academic qualifications.
- I understand that misrepresentation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of the acceptance and registration, or dismissal from the University.
- I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.
- I authorize my high school/university to release my academic record(s) should the need arise to accelerate the processing of this application.

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

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Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash  Cheque

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Student Number: \_\_\_\_\_

Initials: \_\_\_\_\_

11Oct11