

# Application for Admission Certificate in Theology

## The University of Winnipeg Faculty of Theology

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)

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

**Processing fee:** A \$25.00 NON-REFUNDABLE APPLICATION FEE  
MUST ACCOMPANY THIS APPLICATION

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

**Note: A maximum of 5 transferable course credits may be allowed.**

### DECLARATION (please read and sign/date the back)

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 and the non-refundable application fee must be submitted with this application.

### 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*.

**SEE OVER**

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 1C16C, 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**.

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

**Please return this form to:**  
**Graduate Studies Room 3D07B**  
**The University of Winnipeg**  
**Attention: Dagmawit Habtemariam**  
**515 Portage Avenue / Winnipeg, MB R3B 2E9**  
**Email: [d.habtemariam@uwinnipeg.ca](mailto:d.habtemariam@uwinnipeg.ca) / website: [theology.uwinnipeg.ca](http://theology.uwinnipeg.ca)**

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**FOR OFFICE USE ONLY:**

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

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

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

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