

## STUDENT INFORMATION FORM

STUDENT NUMBER

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(NOTE: IF YOU HAVE PREVIOUSLY STUDIED AT UNIV. OF TORONTO OR UNIV. OF ST. MICHAEL'S COLLEGE PLEASE USE ORIGINAL STUDENT NO., OTHERWISE LEAVE BLANK, YOU WILL BE ASSIGNED A STUDENT NO.)

TITLE  Mr.  Miss  Mrs.  Ms.  Rev.  Sr. Other: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME (If Applicable) \_\_\_\_\_

LEGAL NAME (Surname) \_\_\_\_\_ FORMER LEGAL NAME (If Applicable) \_\_\_\_\_

Student must always keep address information current on ROSI.

ADDRESS (during academic year)

\_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code)

( ) \_\_\_\_\_ (Home Telephone No.) ( ) \_\_\_\_\_ (Other Telephone No.  Cell  Work) \_\_\_\_\_ (Email Address)

PERMANENT ADDRESS (If different from above):

\_\_\_\_\_ (Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Province/State) \_\_\_\_\_ (Postal/Zip Code) \_\_\_\_\_ (Country)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

I am:  Male  Female

Country of Citizenship \_\_\_\_\_

If you are not a Canadian Citizen,  
Please indicate:  Landed Immigrant  Student Visa  Other \_\_\_\_\_

**INTERNATIONAL STUDENTS MUST SEE THE STUDENT SERVICES OFFICER TO PROVIDE DOCUMENTARY PROOF OF A VALID STUDY PERMIT**

(Optional – For Statistical Use only)

Marital Status  Married  Single  Other

First Language  English  French  Other

Racial Ethnic Background  Visa/International Student  Black non-Hispanic  American Indian Alaskan Native or Inuit  
 Asian or Pacific Islander  White Non-Hispanic  Multiracial  Other

Religious Denomination  Roman Catholic  Other: \_\_\_\_\_

I have previously attended the following Universities:

| Name of Institution | Programme | Degree Conferred (Name) | Dates Attended |    |
|---------------------|-----------|-------------------------|----------------|----|
|                     |           |                         | From           | To |
|                     |           |                         |                |    |
|                     |           |                         |                |    |
|                     |           |                         |                |    |

I have previously attended University of St. Michael's College / University of Toronto  No  Yes \_\_\_\_\_  
Last Year of Attendance

Current Program of Study:  MDiv  MRE  MTS  MACL  Diploma/Certificate \_\_\_\_\_  
 ThM  MA  DMin  ThD  PhD

I intend to commence in:  Summer  Fall (September)  Winter (January) 20    Full-Time  Part-Time

I HEREBY CERTIFY THAT INFORMATION PROVIDED IN THIS FORM IS TRUE, COMPLETE AND CORRECT; I UNDERSTAND THAT OTHERWISE MY REGISTRATION MAY BE REVIEWED AND RESCINDED.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COLLEGE OFFICIAL \_\_\_\_\_

DATE \_\_\_\_\_