



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 Diploma/Certificate _____
 ThM MA DMin 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PROVIDED IN THIS FORM IS TRUE, COMPLETE AND CORRECT; I UNDERSTAND THAT OTHERWISE MY REGISTRATION MAY BE REVIEWED AND RESCINDED.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 _____