



UNIVERSITY OF
ST. MICHAEL'S COLLEGE
IN THE UNIVERSITY OF TORONTO

FACULTY OF THEOLOGY

Application Diploma in Interfaith Dialogue

Personal Information

Title: _____

Surname/Family Name: _____

Given Name(s): _____

Date of Birth (MM/DD/YYYY): _____

Religious Denomination (optional): Roman Catholic Other: _____

Church Affiliation (optional): _____

Correspondence Address:

Street Address: _____

City: _____ Province/State: _____

Country: _____

Permanent Address (if different from above):

Street Address: _____

City: _____ Province/State: _____

Country: _____

Telephone Number: _____

Email Address: _____

If you have a physical or sensory disability which might in some way affect your studies or may require special accommodations, please provide information:

Please note that no candidate will be considered until all documentation has been received. Please send your completed application form with a non-refundable fee of \$25.00 CAD payable to the University of St. Michael's College to:

Committee on Admissions and Academic Standing
Faculty of Theology, University of St. Michael's College
81. St. Mary Street
Toronto, Ontario
M5S 1J4
Canada

Signature of Applicant: _____ Date (MM/DD/YYYY): _____

Statistical Data

The following data is collected for statistical use only; please complete as much as possible.

How did you first learn about this program?

Personal contact
St. Michael's Professor

St. Michael's graduate
Pastor

St. Michael's student
Other: _____

Advertisement:

Diocesan Newspaper

Radio

TV

Other: _____

Website:

St. Michael's website

Other

Search engine (phrase used): _____

Social Media

Facebook

Instagram

Twitter

Other: _____

Publication:

St. Michael's magazine

Brochure

Other: _____

Workshop/Seminar: _____

Other: _____

Which of the following encouraged you to apply to this program? If it is through a personal contact, please provide his/her name.

St. Michael's graduate

St. Michael's Program Coordinator

Priest, sister, layperson in pastoral ministry

Referral

Campus visit

Mailing

St. Michael's Faculty

Friend of St. Michael's (non-alum)

Faculty of another school

Endorsement by bishop/superior/pastor

Reputation of the Faculty

Other: _____

Name of your contact: _____