



Office Use Receipt: \_\_\_\_\_

File #: \_\_\_\_\_

Office of Enrolment Management and Registrar  
9125 - 50 Street  
Edmonton, Alberta, Canada T6B 2H3  
Phone: (780)465-3500 • Toll Free: (800)661-8582 Fax: (780)465-8321  
E-Mail: admissions@kingsu.ca or registrar@kingsu.ca Web: www.kingsu.ca

## APPLICATION FOR ADMISSION/RE-ADMISSION

Have you previously applied to The King's University?  Yes  No

If yes, King's Student Identification Number: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

**NAME:**

Mr.  Mrs.  Miss  Ms.  Other (Please specify Dr./Rev.) \_\_\_\_\_

Surname or Family Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Preference Name

\_\_\_\_\_

Former Surname(s)/Maiden Name

**CURRENT ADDRESS:**

Effective Until |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| Once this date has lapsed all correspondence will be sent to the Permanent Address below.  
Day Month Year

\_\_\_\_\_

Apt. #

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

Province/State

\_\_\_\_\_

Postal/Zip Code

\_\_\_\_\_

Country

(\_\_\_\_\_) \_\_\_\_\_

Telephone

OTHER TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PERMANENT ADDRESS:** (complete only if different than above)

\_\_\_\_\_

Apt. #

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

Province/State

\_\_\_\_\_

Postal/Zip Code

\_\_\_\_\_

Country

(\_\_\_\_\_) \_\_\_\_\_

Telephone

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_



### ACADEMIC INFORMATION

If your high school was in Alberta or if you have previously attended an Alberta post-secondary institution, please provide your Alberta Learning Student Number |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

#### High School

School Name \_\_\_\_\_ City \_\_\_\_\_ Province/Country \_\_\_\_\_

Attended |\_\_|\_\_|\_\_|\_\_| to |\_\_|\_\_|\_\_|\_\_| Diploma Received/Expected  Yes  No If yes, Date |\_\_|\_\_|\_\_|\_\_|  
month year month year month year

Please list by name and number the acceptable high school courses you will be presenting for admission (see Calendar for list of courses).

1 \_\_\_\_\_ Completion Date |\_\_|\_\_|\_\_|\_\_| 4 \_\_\_\_\_ Completion Date |\_\_|\_\_|\_\_|\_\_|  
month year month year

2 \_\_\_\_\_ Completion Date |\_\_|\_\_|\_\_|\_\_| 5 \_\_\_\_\_ Completion Date |\_\_|\_\_|\_\_|\_\_|  
month year month year

3 \_\_\_\_\_ Completion Date |\_\_|\_\_|\_\_|\_\_| 6 \_\_\_\_\_ Completion Date |\_\_|\_\_|\_\_|\_\_|  
month year month year

If you have earned credit from the Advanced Placement Program or from the International Baccalaureate Program, please have the transcripts mailed to us from the appropriate institution so that, if applicable, advance credit may be offered.

#### Post-Secondary Institutions

List all post-secondary institutions previously or currently attended (including The King's University).

**Failure to report all post-secondary institutions attended will result in immediate dismissal without appeal.**

If you have ever been required to withdraw by your most recent post-secondary institution for academic or disciplinary reasons, please check here. Please indicate the institution and explain your circumstances on a separate piece of paper and include it with your application form. You must also explain why you should be admitted to The King's University.

1) Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_ From |\_\_|\_\_| to |\_\_|\_\_|\_\_|\_\_| Student ID \_\_\_\_\_  
year month year

Credential Received/Expected  Yes  No If yes, Credential Name \_\_\_\_\_ Date Received |\_\_|\_\_|\_\_|\_\_|  
month year

2) Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_ From |\_\_|\_\_| to |\_\_|\_\_|\_\_|\_\_| Student ID \_\_\_\_\_  
year month year

Credential Received/Expected  Yes  No If yes, Credential Name \_\_\_\_\_ Date Received |\_\_|\_\_|\_\_|\_\_|  
month year

3) Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_ From |\_\_|\_\_| to |\_\_|\_\_|\_\_|\_\_| Student ID \_\_\_\_\_  
year month year

Credential Received/Expected  Yes  No If yes, Credential Name \_\_\_\_\_ Date Received |\_\_|\_\_|\_\_|\_\_|  
month year

4) Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_ From |\_\_|\_\_| to |\_\_|\_\_|\_\_|\_\_| Student ID \_\_\_\_\_  
year month year

Credential Received/Expected  Yes  No If yes, Credential Name \_\_\_\_\_ Date Received |\_\_|\_\_|\_\_|\_\_|  
month year

5) Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_ From |\_\_|\_\_| to |\_\_|\_\_|\_\_|\_\_| Student ID \_\_\_\_\_  
year month year

Credential Received/Expected  Yes  No If yes, Credential Name \_\_\_\_\_ Date Received |\_\_|\_\_|\_\_|\_\_|  
month year

**DECLARATION OF APPLICANT**

**Read this Declaration carefully before signing. This must be signed by the applicant only.**

I understand that documents submitted to The King's University become the property of the University and that neither the originals nor copies will be released to me or anyone outside the University. If I am not admitted or do not attend, I understand that the application, transcripts and other supporting documents may be destroyed at the discretion of the Registration and Student Finance. If I wish to reapply, I understand that a new set of documents may be required.

I certify that all statements made in connection with this application are true and complete in all respects, and that no information has been withheld. I understand that falsifying or omitting documents or omitting information on this application and may result in the immediate cancellation of my admission to and registration at The King's University. Falsified documents may be referred to appropriate government authorities. King's reserves the right to refuse admission or cancel any admission ruling on medical or other grounds. Completion of this application gives express permission to The King's University to request from other institutions any applicant transcripts in addition to those already submitted.

I acknowledge that the information on this application is required to determine my eligibility for admission and will be used to contact me regarding King's programs and services. If admitted, it will form part of my student record and will be disclosed to relevant academic and administrative departments. Specific data elements will be disclosed to federal and provincial governments to meet reporting requirements.

I agree, if admitted to The King's University, to comply with all rules and regulations of the University.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICATION CHECKLIST [✓] PLEASE READ CAREFULLY.**

- I have read the application form carefully and completed all sections including the program section, and I have signed the Declaration section.
- I have included my application fee.
- I have requested or included any record of courses now in progress.
- I have ordered an official copy of my high school and post-secondary transcripts. An official transcript is one that has been forwarded directly to the Registration and Student Finance Office from the issuing institution.
- I have arranged for my Personal Recommendation form to be completed and sent to King's.
- I have arranged to have test scores demonstrating English Proficiency sent, if applicable. (Test scores must come directly from the testing organization to the Registration and Student Finance Office.)

**OFFICE USE ONLY:**

Admission Decision: \_\_\_\_\_ Status: \_\_\_\_\_

Basis of Decision: \_\_\_\_\_

\_\_\_\_\_  
Admission Officer

\_\_\_\_\_  
Date

## Additional Optional Information

Office Use

File #: \_\_\_\_\_

The information requested on this page does not form part of the admission standards of The King's University. These questions are asked to aid us in processing your application and to improve our recruitment and development practices. You may decline to complete any of these questions.

Are you a Christian?  Yes  No Please elaborate.

\_\_\_\_\_

\_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

Religious affiliation or denomination: \_\_\_\_\_

If you need to authorize someone else to act on your behalf in regard to this application, please complete this section. Unless you authorize another individual to act on your behalf personal, application or registration information will not be released to others. You may also designate someone by contacting the Office of Enrolment Management and Registrar and completing the appropriate form.

Name \_\_\_\_\_

Should we send mail regarding your application to this address instead of your current address?

Address \_\_\_\_\_

Yes  No

\_\_\_\_\_

NOTE: this authorization will expire on the Add/Drop deadline of the first term of admission.

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I initially heard about The King's University through: (Check as many as apply.)

- Billboard Ad       Print Ad       Radio Ad       TV Ad       Faculty or Staff  
 Former King's Student       Family       Friend       School Contact  
 King's Website       Other Internet Source  
 Other \_\_\_\_\_

Please send me information on the following: **(information will only be mailed until the applicable deadline.)**

- Student Housing       Campus Employment\*       Financial Aid\*\*       Private Music Instruction       Varsity Athletics  
 Note: Application deadline May 15.      Note: Application deadline March 31.

If you wish to declare that you are an Aboriginal person, please specify:

- Status Indian/First Nations       Non-Status Indian/First Nations       Métis       Inuit

**ALBERTA ADVANCED EDUCATION AND TECHNOLOGY IS COLLECTING THIS PERSONAL INFORMATION PURSUANT TO SECTION 33(C) OF THE FOIP ACT AS THE INFORMATION RELATES DIRECTLY TO AND IS NECESSARY TO MEET ITS MANDATE AND RESPONSIBILITIES TO MEASURE SYSTEM EFFECTIVENESS OVER TIME AND DEVELOP POLICIES, PROGRAMS AND SERVICES TO IMPROVE ABORIGINAL LEARNER SUCCESS.**

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Business Operations and Reporting, Post-secondary Excellence Division, Alberta Advanced Education and Technology, 10155-102 Street, Edmonton AB, T5J 4L5, (780) 427-7145 or your institution's Registrar's Office.

### Parent or Guardian Names and Addresses

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Church: \_\_\_\_\_ Church: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

# PROGRAMS OFFERED

## BACHELOR OF ARTS

### **4-year Bachelor of Arts Degrees – Majors**

English  
 History  
 Music  
 Psychology  
 PHES (Politics-History-Economics)

### **4-year Bachelor of Arts In Environmental Studies** (a concentration must be selected from the following list)

Biology  
 Business Administration  
 Chemistry  
 English  
 History  
 Philosophy  
 Psychology  
 Social Science Group  
 Sociology  
 Theology

### **3-year Bachelor of Arts Degrees – First Concentrations**

Biology  
 Chemistry  
 English  
 History  
 Music  
 Philosophy  
 Psychology  
 Social Science Group  
 Sociology  
 Theology

## BACHELOR OF SCIENCE

### **4-year Bachelor of Science Degrees – Majors**

Biology  
 Chemistry  
 Computing Science

### **4-year Bachelor of Science Environmental Studies** (a concentration must be selected from the following list)

Biology  
 Chemistry

### **3-year Bachelor of Science Degrees – First Concentrations**

Biology  
 Chemistry

## BACHELOR OF COMMERCE

### **4-year Bachelor of Commerce**

## BACHELOR OF MUSIC

### **4-year Bachelor of Music**

## CERTIFICATE AND DIPLOMAS

### **Diploma in Church Music (2-year)**

Usually completed with BA in Music or BMus

### **Performer's Certificate (1-year after-degree)**

### **Artist's Diploma (1-year after-Performer's Certificate)**

### **Micah Studies Certificate (1 year)**

## BACHELOR OF EDUCATION

### **2-year (After Degree)**

\* Note that there is a special application form for this program; please use that instead of this form.

## OPTIONAL MINORS AND SECOND CONCENTRATIONS (for non-Environmental Studies programs)

Biology	Drama	Music	Sociology
Business Administration	Education	Philosophy	Theology
Chemistry	English	Physical Education	
Communication Arts	History	Political Science	
Computing Science	Mathematics	Psychology	

## **PERSONAL RECOMMENDATION**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### ***To the Applicant:***

The above information is to be filled in by you. This recommendation form is then given to someone (not a relative) from an educational or professional setting who knows you well or the pastor or elder of your church. The form must be returned by that person directly to The King's University.

An applicant has the right to examine any document in his/her file. However, to provide your reference with the option of confidentiality, you may elect to waive your right to examine this document by signing below.

\_\_\_\_\_  
Signature of Applicant

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### ***To the person completing this recommendation:***

**Please return this form directly to the following address.**

**Office of Enrolment Management and Registrar · The King's University · 9125 50 Street · Edmonton · AB · T6B 2H3 · Fax 780-465-8321**

The above applicant is applying for admission to The King's University. In order to help us make an admission decision, please provide the following information:

- 1) What is your relationship to the applicant and how long have you been acquainted with this person?
  
  
  
  
  
  
  
  
  
  
- 2) In your opinion, would the applicant be comfortable with and respect the Christian mission of the University?
  
  
  
  
  
  
  
  
  
  
- 3) In your opinion, will the applicant do well at university-level studies? Please explain why or why not.

*Please feel free to attach an additional sheet to explain or provide additional comments.*

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_