

Admissions Office • PO Box 5000 • Antigonish • Nova Scotia • Canada B2G 2W5 Toll-Free: 1-877-867-StFX (7839) or 1-902-867-2219 (local) • Fax: (902) 867-2329 • Email: admit@stfx.ca

APPLICATION FOR ADMISSION

TO GRADUATE STUDIES IN

TO OINA	ADDATE STODIES IN				
CHECK ONE Adult Education (M.Ad.Ed.)					
C Edwarf or (MEA)					
☐ Education (M.Ed.)	licy (Cohort:				
□ Educational Administration and Policy (Cohort:) □ Curriculum and Instruction (Cohort:)					
non-degree student					
	APPLICANT				
Students are encouraged to contact the	□ Mr. □ Ms. □ Mrs. □ Other				
department in which they wish to study prior to applying to a graduate program.					
prior to applying to a graduate program.	Last Name:				
COMPLETION GUIDE	First Name:				
In order to help us process your application as effi-	Middle Name:				
ciently as possible, please ensure that you complete all sections.	Preferred First Name:				
dii sosione.	Previous Last Name (if applicable):				
The following documents should be sent to					
the Admissions Office.	CURRENT MAILING ADDRESS				
a) This application form, complete in all its details,	Street Address/PO Box/Rural Route #:				
with the non-refundable application fee of \$40.	Street Address/FO Dox/Maid Noute #				
b) Two letters of recommendation from persons					
named in this application. (see insert pages)	City: Province/State:				
	Postal Code/ZIP: Country:				
c) One official copy of your transcript from each post-	Phone:Fax:				
secondary institution attended. Graduates of StFX do not need to provide a copy of their transcript	Email:				
from StFX.					
d) Fridance of Fundish profision or if your first lan	PERMANENT MAILING ADDRESS (if different from above)				
d) Evidence of English proficiency if your first lan- guage is not English (contact the Admissions Of-	•				
fice for details)	Street Address/PO Box/Rural Route #:				
A For any live state to the Markey of Februaries and	City Drawings (Chate)				
e) For applicants to the Master of Education pro- gram, a recent curriculum vitae and a supplemen-	City: Province/State:				
tary "letter of intent" are required (see page 3)	Postal Code/ZIP: Country:				
	Phone: Fax:				
f) For applicants to the Master of Adult Education program, a recent curriculum vitae and a typed	Email:				
statement are also required (see page 3)					
10.00	WHEN DO YOU PLAN TO BEGIN THE PROGRAM?				
It is the responsibility of the applicant to ensure that all SUPPORTING DOCUMENTS are received by the	WIEN DO TOOT EAN TO DEGIN THE TROOKAIN.				
StEV Admissions Office Applications cannot be pro					
cessed until such documents are received.	Master of Adult Education: (Month/Year)/				
NOTE:					
Admission to Graduate Studies is determined by the	Master of Education: Summer Session Part-time Full-time				

University Committee on Graduate Studies.

Students must adhere to the appropriate deadlines for the submission of applications to their intended program of study.

PERSONAL INFORMATION		EMERGENCY CONTA	СТ		
Gender:		☐ Mr. ☐ Ms. ☐ Mrs.	□Other		
Date of birth: Day Month		Last Name:			
Citizenship:					
SIN/SSN:	· · · · · · · · · · · · · · · · · · ·				
Previous surname(s):					
StFX Student number (if applicable	,	Complete the following only if d	ifferent from Permanent Address		
Ethnic Origin (Optional): Aborigin	nal □African Descent	Complete the following only if different from Permanent Address Street Address/PO Box/Rural Route #:			
☐ Other _		Sireet Address/PO Box/R	urai Roule #		
LANGUAGE(S)		City	Province/State:		
First language spoken:					
Other languages spoken:		Postal Code/ZIP:	Country:		
		Phone:	Fax:		
Languages written:					
		Lindii.			
Colleges OR UNIVERSITIE	S ATTENDED: Dates Attended	Major Fields -	Degree/Dinloma/		
College or University			Degree/Diploma/ Certificate Granted/ Credits Completed		
					
					
					
PLEASE LIST ALL GRADUATE	PROGRAMS PREVIOUSLY	Y APPLIED TO BY COMPI	LETING THE FOLLOWING:		
College or University	Program	Date of Application	Wereyouaccepted? Did you enroll?		
		· · ·	☐ Yes ☐ No ☐ Yes ☐ No		
			Yes No Yes No		
			Yes No Yes No		
			☐ Yes ☐ No ☐ Yes ☐ No		
			☐ Yes ☐ No ☐ Yes ☐ No		
			☐ Yes ☐ No ☐ Yes ☐ No		

WORK EXPERIENCE List major work experience here. Indicate length of time in each. Master of Adult Education and Master of Education applicants are asked to include a resume/curriculum vitae. **REFERENCES** Provide the names and addresses of two people who could give an accurate appraisal of your scholastic and professional ability and who might give an opinion about your suitability for graduate study. If possible, one of these should be a person who taught you in your most recent academic program. Provide them with the applicant reference form and a stamped envelope addressed to the Admissions Officer, St. Francis Xavier University, Box 5000, Antigonish, Nova Scotia B2G 2W5. 1. 2. In a few sentences, indicate why you are selecting this graduate program and what you hope to gain from it. MASTER OF EDUCATION APPLICANTS ONLY: MASTER OF ADULT EDUCATION APPLICANTS ONLY: Please attach Please attach 1. a curriculum vitae or resume 1. a comprehensive curriculum vitae clearly indicating your experience in the practice of adult education. 2. a Letter of Intent (up to 250 words) indicating why you are

- selecting the Master of Education graduate program at StFX and what you hope to gain from it.
- 2. a typed statement of 500 1000 words (maximum) discussing:
 - · your personal philosophy of adult education;
 - · your experience as an adult educator;
 - · your long-term career goals;
 - · an indication of your area of interest

Ple	DITIONAL INFORMATION ase use the following space to include any additional information which you feel would be of help to us in making an admission ision.
СН	ECKLIST FOR APPLICANTS
	Application form is complete in all its details Non-refundable application fee of \$40.
	Have requested two letters of recommendation from persons named in this application Have requested one official copy of transcript from each post-secondary institution attended. (Graduates of StFX do not need to provide a copy of their transcript from StFX.)
	Evidence of English proficiency if your first language is not English (contact the Admissions Office for details). For applicants to the Master of Education: have enclosed a recent curriculum vitae and the supplementary "letter of intent" (see page 3).
	For applicants to the Master of Adult Education: have enclosed a recent curriculum vitae and the required statement (see page 3).
	EASE NOTE: It is the responsibility of the applicant to check with the Admissions Office to ensure at all of the above documents have arrived
Dat	e: Signature:

HAVE ALL DOCUMENTS SENT TO:

Admissions Office St. Francis Xavier University PO Box 5000 Antigonish, Nova Scotia Canada B2G 2W5 Fax: 902-867-2329



APPLICANT REFERENCE

Please provide this sheet to the people whom you have chosen to act as references on your behalf.

Once complete, the referee should forward this reference directly to the StFX Admissions Office at the following mailing address:

Admissions Office, St. Francis Xavier University, PO Box 5000, Antigonish, Nova Scotia, Canada B2G 2W5

Referees may email scanned copied to admit@stfx.ca Faxed copies will also be accepted and can be sent to 1-902-867-2329

middle name

last name

first name

Name of Applicant:

Program applied to:						
	Excellent	Very Good	Satisfactory	Unsatisfactory	No Basis for Judgement	Comments
Scholastic Ability						
Integrity						
Initiative						
Oral Expression						
Written Expression						
Leadership						
Judgement						
Problem-Solving Abilities						
Organizational Abilities						
Self-directed						
Willingness to take direction						
Interpersonal Skills						
Overall Assessment						

How long and	I in what capacity hav	e you known the a	applicant		
	r knowledge of the in consider to be the app			her for admission	to StFX? Yes N
What do you	consider to be the app	olicant's major limi	itations relevant	to graduate studio	es?
What particul	ar attributes and skills	does the applicar	nt possess that p	repare him/her fo	r university-level stud

Please note any contributions you may be aware of that the	ne applicant has made to his/her community or school:
Please elaborate on previous comments or provide addition	onal ones (use a separate sheet if required):
Signature:	Date:
Name: Address:	Position:
Telephone:	Email:

PLEASE SEND TO: The Admissions Office

St. Francis Xavier University 5005 Chapel Square, Antigonish, Nova Scotia, Canada B2G 2W5

> Fax: 902-867-2329 Email: admit@stfx.ca