



Admissions Office PO Box 5000 Antigonish Nova Scotia Canada B2G 2W5
Phone: 1-877-867-7839 Fax: (902) 867-2329 Email: admit@stfx.ca

APPLICATION

Office Use

Applicant

Mr. Ms. Mrs. Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Preferred 1st Name: _____

Previous Last Name: _____

Address Information

Home Address: _____

City: _____

Province/State: _____ ZIP/PC: _____

Country: _____

Phone: () _____

Fax: () _____

E-mail: _____

Personal Information

Sex: F M Married Single

Date of Birth: _____

Day Month Year

Social Insurance Number: _____

Mother-tongue: English French Other

Citizenship: Canadian/Permanent Resident

Other _____

Last High School Attended

Name: _____

Phone: _____

Address: _____

Dates Attended: _____

Present/Final Grade (e.g. XII): _____

Post-Secondary Study

Have you attended any other universities or other post-secondary institutions? Yes No

(Failure to disclose previous attendance at another institution could result in academic dismissal) List all universities and/or colleges you have attended and dates attended.

If you have applied to StFX before this year, please complete:

Year of Application: _____

Were you accepted: Yes No

Did you attend? Yes No

Dates attended: _____

If your name changed since you last applied/attended please give your former name: _____

Stand-Alone Course

Please specify:

If student is taking course on letter of permission from other university, please provide copy of letter of permission.

Post-Secondary Nursing Education

Name of Institute: _____

Date: _____

Current RN Status

Province(s) in which you hold active RN registration and date(s) of certification _____
