



Faculty of Theology, Huron University College (HUC) and
the Caribbean Conference of Churches (CCC)



**Application for the Master of Theological Studies (MTS)
Caribbean Context**

INSTRUCTIONS: The following application form must be completed and sent via mail to HUC at 1349 Western Road, London, Ontario, Canada, N6G 1H3. No form sent electronically will be accepted. The closing date for receipt of applications for Cohort 1 of the MTS is March 31, 2009. See Section I for payment instructions.

SECTION A — PERSONAL INFORMATION

1A. Name

Surname _____ First Name _____

Middle Names _____

2A. Gender

Male Female

3A. Date of Birth (dd/mm/yy)

4A. University of Western Ontario no. (if relevant)

5A. Martial Status

Single Married Divorced Other (please state) _____

6A. Religion/Denomination

7A. Country of Citizenship

8A. Mother Tongue

9A. Other Languages Spoken

For those for whom English is not their first language, the results of one of the following tests of English must be received by HUC before a student is offered admission — TOEFL, MELAB or IELTS

SECTION B — APPLICANT CONTACT INFORMATION

1B. Permanent Address

2B. Mailing Address

(If different from 1B.)

3B. Telephone

Work _____ Cell _____

4B. Facsimile

5B. E-Mail Address

SECTION B Continued — APPLICANT CONTACT INFORMATION

6B. Emergency Contact Information

Name

Surname _____ **First Name** _____

Relationship to Contact _____

Telephone **Work** _____ **Cell** _____

Facsimile _____

E-Mail Address _____

Permanent Address _____

SECTION C — ACADEMIC RECORD

1C. Please provide the following information

Name and Address of Institution	Qualification Attained (Diploma/Certificate/Degree)	Period of Study	Institutional Honours (If Applicable)	Date of Award (dd/mm/yy)

Please note that while copies of all transcripts may be faxed as a means to expediting the process, original transcripts must be received by the HUC before a student is offered admission.

2C. Is your academic transcript a fair reflection of your scholastic ability? Yes No

If *no*, please explain why not

SECTION C Continued — ACADEMIC RECORD

3C. Please state major professional accomplishments including prizes, academic or professional distinctions, awards and honours

4C. Please list academic programmes or examinations for which you are preparing or awaiting examinations results

Name and Address of Institution	Course Programme	Expected Date of Award (dd/mm/yy)

SECTION D — PROGRAMME SPECIFIC INFORMATION

1D. Please state in no more than 400 words why you would like to be selected for this programme. Please explain how you see this MTS assisting with your professional and personal development and the development of your community and how you intend to contribute to the learning process.

SECTION D Continued — PROGRAMME SPECIFIC INFORMATION

SECTION E — REFEREE INFORMATION

1E. Please list the names and contact information for two referees. One must be a past/current academic teacher/lecturer of yours.

Referee 1

Name _____

Place of employment (Where applicable) _____

Position _____

Mailing Address _____

Telephone Work _____ Cell _____

Facsimile _____

E-Mail Address _____

SECTION E Continued — REFREE INFORMATION

Referee 2

Name _____

**Place of employment
(Where applicable)** _____

Position _____

Mailing Address _____

Telephone Work _____ Cell _____

Facsimile _____

E-Mail Address _____

SECTION F — COMPLETION OF DOCUMENTATION

1F. Please indicate where applicable and relevant

- Original post-secondary/college/university transcript(s) for your prior degrees has/have been requested to be forwarded to the Faculty of Theology, HUC.
- Results for TOEFL, MELAB or IELTS have been forwarded to the Faculty of Theology, HUC.

SECTION G — SPECIAL NOTES

- 1G. Please be aware that lectures, seminars and discussion groups will be conducted in English.
- 2G. All classes will take place in the Caribbean Region. Normally classes will be offered in the Republic of Trinidad and Tobago. However, on occasion, a different Caribbean venue may be selected.
- 3G. As a reminder, applications must be **received** by March 31, 2009.

SECTION H — CONTACT INFORMATION

Faculty of Theology,
Huron University College and Caribbean Conference of Churches,
1349 Western Road,
London, Ontario
Canada
N6G 1H3

Telephone: (519) 438-7224, Ext. 289

Facsimile: (519) 438-3938

E-Mail: srice@uwo.ca

Website: http://www.huronuc.ca/faculty_of_theology/

Signature _____
Applicant

Date _____

**SECTION I — PAYMENT INSTRUCTONS
RE: APPLICATION FEES AND TUITION**

OPTION 1 — MONEY TRANSFER

Out-of-country students, who do not have access to a Canadian financial institution should submit payment to:

The Bank of Nova Scotia
Swift BIC Address: **NOSCCATT**
International Banking Div.— **TORONTO**
Beneficiary: **00042-002-02414-15**
Huron University College

The Bank of Nova Scotia
Swift BIC Address: **026002532**
International Banking Div.— **NEW YORK**
Beneficiary: **00042-002-02414-15**
Huron University College

OPTION 2 — INTERNET BANKING

This method can only be used by present and past students of HUC or new HUC students who have already been assigned their student ID. The assigned 9-digit HUC ID number should be used as the account number and all payments are to be made to HURON UNIVERSITY COLLEGE. DO NOT PAY UNIVERSITY OF WESTERN ONTARIO.

OPTION 3 — CREDIT CARD

For payments by Visa/Master Card, complete form below and fax to 519-438-4309 or mail to The Accounting Office, Room A116, 1349 Western Road, London, ON, Canada, N6G 1H3.

OPTION 4 — CHEQUES and MONEY ORDERS

Payments by cheques or money orders must be mailed to The Accounting Office, Room A116, 1349 Western Road, London, ON, Canada, N6G 1H3.

NOTES

For students who have been accepted, failure to make the complete required tuition payment by the due date will incur a late charge of Cdn\$100.00.

For HUC students who have outstanding fees and/or penalties from prior sessions, your payment will automatically cover these fees first. FAILURE TO PAY THE ENTIRE AMOUNT PRIOR TO THE START OF CLASSES WILL RESULT IN THE CANCELLATION OF YOUR COURSES.

I HEREBY AUTHORIZE HURON UNIVERSITY COLLEGE (HUC) TO DEBIT MY CREDIT CARD AS SHOWN BELOW:

MASTER CARD/VISA #: _____ - _____ - _____ - _____

EXPIRY DATE: _____ / _____
(mm) (yy)

CARDHOLDER: _____

SIGNATURE: _____

TELEPHONE#: _____

AMOUNT TO PROCESS\$: _____

STUDENT NAME: _____

STUDENT#: _____
(If already assigned)

FOR OFFICIAL USE ONLY — DEPARTMENT/FACULTY

Application has been satisfactorily completed: Yes No

Required information has been forwarded: Yes No

Applicant is acceptable for entry: Yes No

Comments

Signature: _____
Chairperson of Selection Committee

Date: _____