



Personal Information

| | | | |
|---|-------------------------|--|--------------------------------------|
| LAST NAME (FAMILY NAME) | | PREVIOUS LAST NAME (IF APPLICABLE) | |
| FIRST NAME (GIVEN NAME) | | MIDDLE NAME(S) | |
| PREFERRED NAME | | MARITAL STATUS | DATE OF BIRTH YYYY / MM / DD |
| <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> Other: | | GENDER | |
| CITIZENSHIP STATUS | | COUNTRY OF CITIZENSHIP (IF NOT CANADIAN) | COUNTRY OF RESIDENCE (IF NOT CANADA) |
| <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: | | | |
| FIRST LANGUAGE | SOCIAL INSURANCE NUMBER | | |

Contact Information

| | | | |
|---|----------------|-------------|---------|
| STREET ADDRESS | | | |
| CITY | PROVINCE/STATE | POSTAL CODE | COUNTRY |
| HOME PHONE | CELL PHONE | | |
| <input type="checkbox"/> I would like to receive email updates from Crandall University | | | |
| EMAIL ADDRESS | | | |

Program(s) Applying For

| | | |
|---|---------------|--|
| <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring (May) | 20__ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Visiting Student (Letter of Permission) |
| TERM FOR WHICH YOU ARE APPLYING | STARTING YEAR | ENROLLMENT TYPE |

Degree Programs

- | | |
|---|--|
| <input type="checkbox"/> BA in Biblical Studies | <input type="checkbox"/> BA in Religious Studies |
| <input type="checkbox"/> BA in Communication Arts – Theatre | <input type="checkbox"/> BA in Sociology |
| <input type="checkbox"/> BA in English | <input type="checkbox"/> BSc in Biology |
| <input type="checkbox"/> BA in History | <input type="checkbox"/> Bachelor of Arts & Science |
| <input type="checkbox"/> BA in Interdisciplinary Studies | <input type="checkbox"/> Bachelor of Business Administration |
| <input type="checkbox"/> BA in Kinesiology | <input type="checkbox"/> Crandall-Acadia BTh Partnership |
| <input type="checkbox"/> BA in Psychology | |

Other Program Options

- Christian Foundations Certificate
- Crandall-Oxford Study Programme
- ClayStone Certificate
- Continuing Education (non-degree)
- Teaching English as a Second Language (TESL)
- Youth Leadership Certificate

Student Life Interests

Housing

Would you like to receive information about on-campus housing options? Yes No

Varsity Athletics

- | | |
|---|---|
| <input type="checkbox"/> Men's Soccer | <input type="checkbox"/> Women's Volleyball |
| <input type="checkbox"/> Women's Soccer | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Men's Basketball | <input type="checkbox"/> Boxing |
| <input type="checkbox"/> Women's Basketball | |

Other Interests

- Worship Teams (Chapel/Luminos Band)
- Student Ambassador Team
- Crandall Student Association
- Club & Intramural Sports

For Additional Information:

Crandall University Admissions Office
Box 6004, Moncton, NB E1C 9L7

Toll Free: +1-888-968-6228 (in Canada)
Office: +1-506-858-8970 Ext. 290

crandallu.ca
admissions@crandallu.ca

Academic Information

| INSTITUTION | PROVINCE (COUNTRY, IF OUTSIDE CANADA) | FROM | TO | DEGREE/CERT. OBTAINED |
|-----------------------------------|---------------------------------------|---------|---------|-----------------------|
| HIGH SCHOOL(S) | | MM/YYYY | MM/YYYY | |
| | | MM/YYYY | MM/YYYY | |
| UNIVERSITIES, COLLEGES, OR CEGEPS | | MM/YYYY | MM/YYYY | |
| | | MM/YYYY | MM/YYYY | |

- I give Crandall University permission to discuss my application with the Guidance Department(s)/Registrar(s) of the institution(s) listed above.

Parent, Guardian, or Spouse Information

FULL NAME(S) _____ RELATIONSHIP TO APPLICANT _____

EMAIL ADDRESS _____ TELEPHONE _____

- I give Crandall University permission to discuss my application with the Parent(s), Guardian(s) or Spouse named above.

Intent of Study

We want to get to know you as much as possible through this application. Please respond to the following questions (attach additional pages as necessary):

Why do you want to study at a Christian liberal arts and science university such as Crandall University?

Have you attended a campus visit event? If so, when? _____

How did you first hear about Crandall? _____

Community

Students at Crandall University are encouraged to make responsible decisions about their lifestyles and beliefs. At the same time, they are part of a Christian community which includes certain expectations regarding the way in which we live our lives together – expectations which are academic, social and personal. Students are required to attend chapel, two per week, and are encouraged to participate in community activities aimed at promoting personal growth. Additional information on community life standards are available in Crandall University's Student Handbook.

Agreement

- I give permission for Crandall University and/or its representatives to take my photograph while a student. These photographs may be used in various communications on behalf of Crandall.
- I give permission for Crandall University to contact me through social networks (ie. Facebook, Instagram, WhatsApp etc.).
- I give permission for Crandall University to contact me via text message.

The personal information requested on this application will form part of my student record at the university where it may be disclosed to faculty or members of the university staff for officially recognized and legitimate use. I certify that the enclosed information is complete and accurate to the best of my knowledge, and I authorize the university to verify any information provided as part of this application. I understand that misrepresentation, falsification of documents, or withholding of requested information regarding this application are serious offenses and may be grounds for non-admission, or after admission, grounds for dismissal. I agree, if admitted, to respect the Christian ideals and standards of Crandall University as outlined in the Student Handbook.

SIGNATURE OF APPLICANT

DATE