



# Crandall University

## Application for Admission

*Bachelor of Arts Degree in Organizational Management (B.A. Org. Management)  
Degree Completion Program*

### Personal Information

LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____
ADDRESS: _____		
STREET/P.O. _____	CITY _____	PROVINCE/STATE _____
		POSTAL/ZIP CODE _____
DATE OF BIRTH <u>  </u> / <u>  </u> / <u>  </u>	EMAIL _____	
PHONE _____	_____	_____
HOME PHONE	WORK PHONE	CELL PHONE
Have you ever been enrolled at Crandall University? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates attended: _____		

### Professional Information

Place of Employment
Job Title
Primary Duties/Responsibilities
Extra-Curriculars/Voluntary/Activities

### Academic Information

**Please have all former educational institutions forward your Official Transcript(s) by mail directly to the Program Administrator, Adult Professional Studies Division of Crandall University. List each high school and/or post-secondary institution you have attended below.**

SCHOOL	ADDRESS	PROGRAM OF STUDY	DATES

Preferred Program Start Date: Year: \_\_\_\_\_ September  January

## Autobiographical Information

In the space provided below, please write your rationale for wanting to complete your degree

## Required Information

Prepare your application material including:

1. Application for Admission form.
2. All Official Transcript(s) from post-secondary institutions that you have previously attended. Unofficial transcripts are acceptable for your initial application, however official transcripts should be requested without delay. Please have them forwarded directly to Crandall University c/o Program Administrator, Adult Professional Studies Division.
3. A detailed resume of previous and current work employment and educational experience.
4. A non-refundable \$35 Application Fee must be included with this application. Credit cards accepted. Make cheques and money orders payable to Crandall University.

## Agreement

- I give permission to Crandall University and/or the media to take my photograph while a student. These photographs may be used in various communications on behalf of Crandall.
- I do not give permission to Crandall University and/or the media to take my photograph while a student.
- I give permission to Crandall University to contact me by email.

Students at Crandall University are part of a Christian academic community that is designed to be conducive to academic and personal growth. All students are expected to be respectful of others and are encouraged to make responsible decisions that honour God, serve others, and enhance community.

I certify that all of the above information in this application is complete and accurate, and I authorize Crandall University's Registrar's Office staff to verify any information provided as part of this application. I agree, if admitted, to respect the Christian ideals and standards of Crandall University.

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

**Please return your completed Application for Admission to the Program Administrator, Adult Professional Studies Division.**

**Dr. Roger Russell** (Director)  
Email: roger.russell@crandallu.ca  
Direct line: (506) 863-6454

**Crandall University**  
Box 6004  
Moncton, NB E1C 9L7

