



# Crandall University

## Application for Admission

### Personal Information

MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> MISS <input type="checkbox"/>	LAST NAME (FAMILY NAME)		FIRST NAME (GIVEN NAME)	
MIDDLE NAME		PREFERRED FIRST NAME		
GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MARITAL STATUS MARRIED <input type="checkbox"/> NOT MARRIED <input type="checkbox"/>	PREVIOUS LAST NAME(S) (IF APPLICABLE)		
DATE OF BIRTH Y / M / D	SOCIAL INSURANCE NUMBER *OPTIONAL	FIRST LANGUAGE ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER (SPECIFY) _____		
COUNTRY OF CITIZENSHIP	COUNTRY OF CURRENT RESIDENCY CANADA <input type="checkbox"/> OR _____	IF NOT CANADA, INDICATE THE STATUS YOU WILL HAVE WHILE IN CANADA PERMANENT RESIDENT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER (SPECIFY) _____		

### Current Address

STREET ADDRESS			
CITY/TOWN	PROVINCE/STATE	COUNTRY	POSTAL/ZIP CODE

### Telephone Numbers

HOME ( )	CELLULAR ( )	WORK ( )
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### Email Address

I GIVE PERMISSION TO CRANDALL UNIVERSITY TO CONTACT ME BY EMAIL

### Application for Session

### Intended Status

<input type="checkbox"/> REGULAR (SEPT - APR) <input type="checkbox"/> WINTER (JAN - APR) <input type="checkbox"/> SPRING (MAY - JUNE)	<input type="checkbox"/> FULL-TIME STUDIES <input type="checkbox"/> PART-TIME STUDIES <input type="checkbox"/> VISITING STUDENT (LETTER OF PERMISSION)
YEAR OF STUDY: 20_____	

### Intended Program of Study \*please indicate track if applicable

### Certificate Program of Interest

<input type="checkbox"/> B.A. IN BIBLICAL STUDIES <input type="checkbox"/> B.A. IN INTERDISCIPLINARY STUDIES <input type="checkbox"/> B.A. IN ENGLISH <input type="checkbox"/> B.A. IN HISTORY <input type="checkbox"/> B.A. IN COMMUNICATION ARTS (THEATRE) <input type="checkbox"/> B.A. IN PSYCHOLOGY <input type="checkbox"/> B.A. IN RELIGIOUS STUDIES	<input type="checkbox"/> B.A. IN SOCIOLOGY <input type="checkbox"/> B.Sc. IN BIOLOGY <input type="checkbox"/> MINOR IN KINESIOLOGY <input type="checkbox"/> BACHELOR OF BUSINESS ADMINISTRATION <input type="checkbox"/> ACCOUNTING <input type="checkbox"/> ECONOMICS <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MARKETING	<input type="checkbox"/> CHRISTIAN FOUNDATIONS CERTIFICATE <input type="checkbox"/> CRANDALL-OXFORD STUDY PROGRAMME <input type="checkbox"/> CONTINUING EDUCATION (NON DEGREE) <input type="checkbox"/> TESL CERTIFICATE (TEACHING ENGLISH AS A SECOND LANGUAGE) <input type="checkbox"/> CLAYSTONE GAP YEAR <input type="checkbox"/> YOUTH LEADERSHIP CERTIFICATE <input type="checkbox"/> BACHELOR OF THEOLOGY
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### Student Life Interests

ARE YOU INTERESTED IN LIVING ON CAMPUS?  YES  NO  MAYBE

VARSITY ATHLETICS: <input type="checkbox"/> MEN'S SOCCER <input type="checkbox"/> WOMEN'S SOCCER <input type="checkbox"/> MEN'S BASKETBALL <input type="checkbox"/> WOMEN'S BASKETBALL <input type="checkbox"/> CROSS COUNTRY	OTHER INTERESTS: <input type="checkbox"/> WORSHIP TEAMS (CHAPEL/LUMINOS BAND) <input type="checkbox"/> STUDENT AMBASSADOR TEAM <input type="checkbox"/> CRANDALL STUDENT ASSOCIATION <input type="checkbox"/> CLUB & INTRAMURAL SPORTS <input type="checkbox"/> BOXING
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## Previous Academic Information

NAME OF SCHOOL	CITY & PROVINCE	COUNTRY	DATES ATTENDED	Degree/Cert. Obtained
HIGH SCHOOLS				
UNIVERSITIES, COLLEGES, OR CEGEPS				

BY CHECKING THIS BOX, I GIVE CRANDALL UNIVERSITY PERMISSION TO DISCUSS MY APPLICATION WITH THE GUIDANCE DEPARTMENT/ REGISTRARS OF THE INSTITUTION(S) ABOVE.

## Parent(s), Guardian(s), or Spouse Information

NAME(S)			RELATIONSHIP TO APPLICANT
LAST	FIRST	MIDDLE	
EMAIL ADDRESS			
HOME ( )	CELLULAR ( )	WORK ( )	

BY CHECKING THIS BOX, I GIVE CRANDALL UNIVERSITY PERMISSION TO DISCUSS MY APPLICATION WITH THE PARENT, GUARDIAN OR SPOUSE ABOVE.

## Intent of Study

WE WANT TO GET TO KNOW YOU AS BEST AS POSSIBLE THROUGH THIS APPLICATION. PLEASE RESPOND TO THE FOLLOWING:  
(ATTACH ADDITIONAL PAGES AS NECESSARY)

- WHY DO YOU WANT TO STUDY IN 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 or from the Student Development Department.

## 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 through Social Media (ie. Facebook, Twitter, Instagram etc.)
- I give permission to Crandall University to contact me through 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 all of the above information in this application is complete and accurate, 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: \_\_\_\_\_

CRANDALL UNIVERSITY ADMISSIONS OFFICE  
BOX 6004,  
MONCTON, NEW BRUNSWICK,  
E1C 9L7

TOLL FREE: 1-888-968-6228  
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FAX: (506) 863-6460  
WWW.CRANDALLU.CA



**Crandall**  
University