



Personal Information

LAST NAME (FAMILY NAME)		PREVIOUS LAST NAME (IF APPLICABLE)	
FIRST NAME (GIVEN NAME)		MIDDLE NAME(S)	
PREFERRED NAME		GENDER	DATE OF BIRTH YYYY / MM / DD
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> Other:			
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
TELEPHONE		MOBILE	
<input type="checkbox"/> I would like to receive email updates from Crandall University			
EMAIL ADDRESS			

Professional Information

PLACE OF EMPLOYMENT	JOB TITLE
PRIMARY DUTIES/RESPONSIBILITIES:	
EXTRA-CURRICULAR/VOLUNTEER ACTIVITIES:	

Academic Information

<input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January)	20__	<input type="checkbox"/> Bachelor of Organizational Management	<input type="checkbox"/> BA in Organizational Management
PREFERRED PROGRAM START DATE	STARTING YEAR	PREFERRED PROGRAM	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU PREVIOUSLY ATTENDED CRANDALL UNIVERSITY?	STUDENT NUMBER	DATES ATTENDED	

Academic Information (continued)

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

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	

Autobiographical Information

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

Required Information

Prepare your application material including:

- A completed application form.
- Official Transcript(s) from all 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's Professional Programs Office.
- A detailed resume of previous and current work employment and educational experience.
- A non-refundable \$50 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 through Social Media (ie. Facebook, Twitter, Instagram etc.)

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 to the best of my knowledge, 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 OF APPLICANT

DATE

For More Information:

Crandall University
Professional Programs Office
Box 6004, Moncton, NB E1C 9L7

Toll Free: +1-888-968-6228 (in Canada)
Office: +1-506-858-8970 Ext. 385
Fax: +1-506-863-6460

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