



Note: This form is for students who have not previously taken a course through McMaster Divinity College.

Name: _____

Address: _____

City/Province/Postal Code: _____

Telephone: _____ **Cell:** _____

Email: _____

Date of birth: _____

Educational Background:

Institution (High School and above)	Location	Date graduated	Degree Conferred

Current Vocation/Occupation: _____

Denomination: _____ **Church:** _____

How did you hear about McMaster Divinity College?

- Advertisement
- Local Church
- McMaster Divinity College student
- CBOQ convention
- Other – please specify _____

Applicant's Signature _____

Date _____

Please return completed form to:

McMaster Divinity College
Room 210
Hamilton ON L8S 4K1
905-525-9140 ext 24401
Fax: 905-577-4782
divreg@mcmaster.ca

