

Part-time to Full-time Application



Student Services
62 York Street, Sackville, New Brunswick, Canada E4L 1E2

Academic Term for which you are applying

(Please check appropriate box)

- Spring 200__ Fall 200__
 Winter 200__



Full-time Application for students who formerly applied for admission to Part-time studies

Students who originally applied for and were admitted to Part-time studies must complete this form and submit a \$25.00 application fee with their application.

Note: this form is not required for students who originally applied for and were admitted to full-time studies but registered only in part-time studies (6 credits per term).

For further information, please contact Student Services at the address above or:

Phone: (506) 364-2269
Fax: (506) 364-2272

World Wide Web Campus
Information
www.mta.ca

Last Name	First Name	Student ID.
Middle Name	Preferred Name	E-mail Address
Permanent Address Number / Street / PO Box		Phone
Town / City	Province	Fax
Postal Code	Country	
Current Address (if different from above) Number / Street / PO Box		
Town / City	Province	Postal Code
Country	Address Valid Until year / month / day Phone	
County of Residence (Maritimes only)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Maiden Name
Social Insurance Number	Country of Citizenship	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth year / month / day / /	Mother Tongue <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	
Place of Birth Town / City / Province		
Status in Canada (if International student) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa Entry Date: <input type="checkbox"/> Other Visa		
Degree/Certificate Programme when registered	Last academic year you attended Mount Allison	
Degree/Certificate Programme for which you are applying (check one only)		
<input type="checkbox"/> Arts <input type="checkbox"/> Fine Arts	<input type="checkbox"/> Science <input type="checkbox"/> Music	<input type="checkbox"/> Commerce <input type="checkbox"/> non-degree studies
Year of Study for which you are applying	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Major Field of study and/or Minor (s) (if known)	If accepted, will you require residence accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The statements contained in this application are true and accurate to the best of my knowledge.

Signature _____

Date _____