



**Trinity Western University
ADULT DEGREE COMPLETION PROGRAM
APPLICATION FORM**

Please indicate the program you are applying for and note the supporting documentation required:

BA in Leadership

The following must be submitted in addition to this application form:

1. One (1) completed Academic/Employment Reference Form
2. One (1) completed Personal Reference Form
3. Official Transcript(s)

Mail application to the following address: Trinity Western University Extension
7600 Glover Road
Langley, BC, V2Y 1Y1

Contact Information: Tel: 604.513.2067
Fax: 604.513.2060
Email: extension@twu.ca

I. PERSONAL INFORMATION

(OFFICE USE ONLY) I.D. # _____

Last name _____ Legal First Name _____

Middle Name(s) _____ Preferred Name _____

Birth Last name _____ Other Former Last name(s) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone: Home _____ Work _____ Cellular _____

Email Address _____

Social Security # _____ Date of Birth (year/month/day) _____

Gender: Male Female Citizenship: Canadian

Marital status: Married Single Other (country) _____ Visa (Type) _____

II. EDUCATION HISTORY**High School:**

Name _____ Location (City/Province) _____

Graduation year _____ or, GED completion date _____

Colleges/Universities:

Please list all colleges or universities previously attended.

<u>Name</u>	<u>Location (City/State)</u>	<u>Dates (e.g., 1999-2001)</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you previously applied to Trinity Western University? Yes No

Have you previously attended Trinity Western University? Yes No Date(s) attended: _____

Requirements: Transcript(s) from all post-secondary institutions (other than TWU) must be submitted.

IV. EMPLOYMENT HISTORY

Are you currently employed? Yes No Occupation: _____

Does your employer have a tuition reimbursement program? Yes No

Please list most recent employer first.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. VOLUNTEER WORK (COMMUNITY, CHURCH, CLUBS, ETC.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. REFERENCES

Academic or Employment Reference (See attached: TWU Confidential Personal Reference Form)

1. Name _____ Position/Title _____

Personal Reference (See attached: TWU Confidential Personal Reference Form)

2. Name _____ Position/Title _____

VIII. COMMUNITY EXPECTATIONS

Trinity Western University is a community where all members should be free to pursue honest academic inquiry and to explore issues of faith, life and citizenship in an affirming and respectful environment. Therefore, it is imperative that all members treat fellow members and guests with dignity and regard in the manner they themselves prefer to be treated. While students are not required to adhere to any specific religious faith or tradition, it is expected that each member will respect other students' religious perspectives and, in particular, the Christian identity of Trinity Western University.

By accepting an offer to attend the Trinity Western University, it is required that each individual adhere to the community standards while on campus. These responsibilities include refraining from a) smoking on campus, b) use of alcoholic beverages and illegal drugs while on campus, c) engaging in immoral behavior as defined in the Responsibilities of Membership (*A copy of Trinity Western University's Responsibilities of Membership can be found at www.twu.ca/studenthandbook/policies.aspx*). As in any post secondary educational institution, all students are expected to abide by the academic and community standards of the institution.

IX. SIGNATURE

By my signature, I confirm that all information supplied in this application is true and correct to the best of my knowledge. I also affirm that I have agreed to the community expectations (listed above) and will comply with them while enrolled in this program.

APPLICANT'S SIGNATURE

DATE

Mail application to the following address: Trinity Western University Extension
7600 Glover Road
Langley, BC, V2Y 1Y1

If you have any questions, please contact our office:

Tel: 604.513.2067

Toll free: 1.866.402.1897

Email: extension@twu.ca

Trinity Western University does not discriminate on the basis of race, creed, color, nationality, gender, marital status, age or disability.



CONFIDENTIAL
Trinity Western University Extension
Adult Degree Completion Program
PERSONAL REFERENCE FORM

APPLICANT

Please complete this section before giving to your Personal Reference to complete:

Last Name _____ Given Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

REFERENCE:

The student named above has applied to Trinity Western University. Your recommendation is a vital part of the student's application process and your candid response in the following areas is crucial.

Mail form to the following address: Trinity Western University Extension
7600 Glover Road
Langley, BC, V2Y 1Y1

Title: Dr. Rev. Mr. Mrs. Miss Ms.

Last Name _____ Given Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

Position/Dept. _____ Organization _____

1. How long have you known the applicant? _____

2. In what context/relationship? _____

3. How well do you know the applicant? Very well Well Casually

Please describe the applicant by marking the appropriate column for each attribute:

ASSESSMENT	Excellent	Above Average	Adequate	Poor	Unable to Judge
Character/integrity					
Critical thinking skills					
Intellectual curiosity					
Proficiency in oral communication					
Proficiency in written communication					
Self-discipline					
Motivation					
Time-management skills					
Ability to handle stressful situations					
Energy level					
Technology/computer skills					
Completes assignments/projects in a timely manner					
Contributes collaboratively in a team setting					

Additional remarks or other issues of which we should be aware: _____

Highly Recommend Recommend Recommend with Reservation Do not Recommend

Signature: _____ Date: _____

Thank you for completing this recommendation.
Please contact us if you have any questions or if you wish to provide additional information.

Tel: 604-513-2067
Email: extension@twu.ca



CONFIDENTIAL
Trinity Western University Extension
Adult Degree Completion Program
ACADEMIC/EMPLOYMENT REFERENCE FORM

APPLICANT

Please complete this section before giving to your Academic or Employment Reference to complete:

Last Name _____ Given Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

REFERENCE:

The student named above has applied to Trinity Western University. Your recommendation is a vital part of the student's application process and your candid response in the following areas is crucial.

Mail form to the following address: Trinity Western University Extension
7600 Glover Road
Langley, BC, V2Y 1Y1

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Highly Recommend Recommend Recommend with Reservation Do not Recommend

Signature: _____ Date: _____

Thank you for completing this recommendation.
Please contact us if you have any questions or if you wish to provide additional information.

Tel: 604-513-2067
Email: extension@twu.ca



CONFIDENTIAL
Trinity Western University Extension
Adult Degree Completion Program
REQUEST FOR OFFICIAL TRANSCRIPT

TWU Applicant: An official transcript from all post-secondary institutions you have attended must be submitted to Trinity Western University directly from the respective institution Registrar's Office(s). Send this completed form to the Registrar/Records Department for each institution you have attended along with their required transcript fee.

Educational Institution: _____

Address: _____

Please send one (1) official copy of my transcript to:

Trinity Western University Extension
7600 Glover Road
Langley, BC, V2Y 1Y1

STUDENT INFORMATION:

Last Name _____ Legal First Name _____

Middle Name(s) _____ Former Surname(s) _____

Social Insurance # _____ Date of Birth (year/month/day) _____

Address _____

City _____ Province _____ Postal Code _____

Telephone: _____ Dates Attended: _____

Transcript Fee Enclosed: \$ _____

Signature: _____ Date: _____