



**Continuing Education Certificate**

**Application for Admission**

Please send application material to:

Admissions Office, Vancouver School of Theology

Mail: 6015 Walter Gage Road, Vancouver, BC V6T 1Z1

Email: [mtrim@vst.edu](mailto:mtrim@vst.edu)

For the Indigenous Studies Program: [isp@vst.edu](mailto:isp@vst.edu)

**Program of Study**

Please indicate the Certificate you are seeking:

( ) Certificate in

Theological Studies

( ) Certificate in Indigenous & Inter-religious Studies

( ) Certificate in Indigenous Studies Program

**Personal Information**

Name:

Mailing Address:

City: Province: Postal Code: Country:

Telephone: Alternate Telephone:

Email: Date of Birth: Citizenship:

Faith Expression/Denomination:

Tribal affiliation (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: Relationship:

City: Province: Postal Code: Country:

Telephone: Alternate Telephone:

**Academic Background**

Give details of your educational background.

School or University Location Dates Attended Degrees, Diplomas & Date

**References**

One confidential character reference letters are required from persons familiar with your interest in Certificate studies. One should be from a minister or leader in your religious community, if applicable. Please ask your referee to send the letter directly to the Admissions office.

Name Phone Number Occupation Relationship

**Statement of Intent**

Please submit a 200 – 400 word reflection, indicating what interests/reasons are influencing your application to a Continuing Education Certificate program at VST. What are your hopes and expectations for yourself and for the program?

*\*Please note: Certificate programs do not provide credentials for formal leadership within a denomination.*

**Application Fees**

Please note that there is a $25.00 application fee which needs to be paid before your application will be considered for admission. Cheques are payable to: Vancouver School of Theology.

**Applicant’s Statement**

If accepted to Vancouver School of Theology, I intend to be a responsible and participating member of the VST community, abide by the policies of the School, and pay all tuition and fees applicable to my program of study.

Signature of Applicant: Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Freedom of information and protection of privacy**

Your personal information on this form is collected under the authority of the Vancouver School of Theology Act (1992) and is needed to process your application. If you have any questions about the collection and use of this information, please contact the Privacy Office at 604-822-9504. All information is held in confidentiality.



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