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| |
| Acadia ID Number |

Please **print** clearly to avoid errors with your Admission Offer Letter.

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|--------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|-------------------------|
| Application for session > | Fall-Winter (Sept-May) <input type="checkbox"/> | Fall (Sept-Dec) <input type="checkbox"/> | Winter (Jan-May) <input type="checkbox"/> | Starting in Year |
| If you have previously applied to Acadia, state when: | If you did so under a different surname, please print here: | | If you have previously taken courses from Acadia, state when: | |

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|--------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------|----------------|-------------------------|
| Surname (Please also indicate Mr./Miss/Ms/Mrs) | | All Given Names (Do not use abbreviations. Underline your preferred name.) | | |
| We recognize that documents may arrive under a different name. Please indicate any former name(s). | | | | |
| Permanent/Home Mailing Address (PO Box/Street/Apartment) | | | | Telephone Number |
| Postal Code | Town/City | Province/State | Country | |
| Temporary Mailing Address if not currently living at Permanent/Home Address above (PO Box/Street/Apartment) | | | | Telephone Number |
| Postal Code | Town/City | Province/State | Country | |
| Expiry Date for Temporary Address: (y/m/d) | Birth Date (y/m/d) | Sex M <input type="checkbox"/> F <input type="checkbox"/> | | |
| Email Address: | | | | |

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|-----------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|---------------------|-------------------------|
| Next of Kin -please indicate Mr./Miss/Ms/Mrs. | | | Relationship | |
| Address of Next of Kin | | | | Telephone Number |
| Town/City | Province/State | Postal Code | Country | |
| Name of Nearest Relative who Attended Acadia -Please Indicate Mr./Miss/Ms/Mrs. (for alumni records only) | | | Relationship | |

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| Intended Program | EXCHANGE | | | |
| Mother Tongue English <input type="checkbox"/> Other <input type="checkbox"/> French <input type="checkbox"/> | Immigration Status Canadian <input type="checkbox"/> Permanent <input type="checkbox"/> Student Visa <input type="checkbox"/> Resident | | If not Canadian, Specify Country of Citizenship | |

Education Information

| | Name of School | Location (City/Town, Province, Country) | From – To (mm/yy – mm/yy) |
|---------------------------|-----------------------|------------------------------------------------|-------------------------------------|
| High School: | | | |
| Current University | | | |

I hereby certify that all of the information provided in the application is correct. I agree to follow and be bound by the regulations of the University.

_____ Date

_____ Signature of Applicant