Post-Degree Bachelor of Social Work Supplementary Application Form

St. Thomas University

2005-2006

Please Print Or Type

Name: _____
Surname First name Middle name

I can be reached at the following addresses and telephone numbers for the time indicated:

Temporary: _____
from _____ until _____

Permanent: _____
from _____ until _____

E-mail Address, if applicable:_____

Telephone: Temporary ( ) _____ from _____ until _____
Permanent ( ) _____ from _____ until _____

I ❑ have completed ***or*** ❑ am currently enrolled in the Bachelor of _____ degree programme at _____ (name of university).
I obtained the degree in ____ (year) ***or*** I will graduate in _____ (month), 2004

I prefer to participate in the interview process:

In person ❑ ***or*** If I reside outside the Province of NB, by telephone ❑

I am applying to complete the programme on a:

Full-Time Basis ❑ Part-Time Basis ❑

I qualify for consideration under the affirmative action policy (please see Post-Degree Bachelor of Social Work monograph enclosed for description) for the following reason(s):

_____

_____

_____

My referees are:

1. _____
2. _____
3. _____

_____
Applicant's Signature