APPLICATION FORM

It's even easier to complete online. Start your application now at StFX.ca/apply.
APPLY IN 2 EASY STEPS

The following pages include everything you need to apply for entrance to StFX. For fastest processing and response, you can also apply online at www.stfx.ca/apply.

Canadian and International Students

1. **Complete the StFX Application Form:** For the fastest turnaround, fill out the Application Form online at stfx.ca/apply and submit. Or, if you prefer, fill out the Application Form in the proceeding pages and send to our Admissions Team. Application Forms can also be found by contacting our Admissions Office, or from your school counsellor.

2. **Have your high school transcripts sent to us.**

   **NOTE:** Students from Ontario are required to submit their transcripts to StFX independently from OUAC.

**Early Fall Admissions**

Students who have a Grade 11 average of 80% or higher may be considered for Early Fall Admissions prior to their first set of Grade 12 marks being available. Due to limited enrolment, a higher average may be required.

Applicants for Early Fall Admissions must include a set of transcripts showing final Grade 11 marks and a school-approved list of all courses being taken in Grade 12, along with all other application documentation.

Consideration of Early Fall Admissions applicants begins on October 15 and continues until January 31. Applications received after January 31 will be considered traditional applicants and no decision will be made until first term Grade 12 marks are received.

**Admissions Requirements**

For high school graduates, minimum requirements include an average of 70% in Grade 12, with no mark less than 65% in each of the required subjects. Entrance to all programs is competitive and, as enrolment is limited, higher averages may be required. For details on requirements for specific programs and by region, please go to stfx.ca/requirements.

**Applying for the StFX Nursing Program**

Application to the Bachelor of Science in Nursing (BScN) program must be complete by the deadline of March 1. Please have your application and 1st semester Grade 12 transcripts submitted by March 1 for consideration. LPN applications have a deadline of February 1 to allow for a Spring term start. BScN—Accelerated 2-year option has a deadline of September 16 for a January start. All decisions will be made following the posted deadlines.

Note: All applicants to the Bachelor of Science in Nursing program and 2-year Accelerated Program are required to complete a 90 minute computer-based online assessment and LPN-BScN are required to complete CASPer. Successful completion of CASPer is mandatory in order to maintain admission eligibility. Students must complete the test prior to the respective program deadlines.

Questions? Contact the Admissions Office at 1.855.396.7839 (StFX) or admit@stfx.ca
In order to help us process your application as efficiently as possible, please ensure that you complete all sections.

- An application fee of $40 is required for processing to be completed. StFX accepts cheques, money order, or credit card payment. Payment form can be found at the bottom of page 6.

- It is the responsibility of the applicant to ensure that all supporting documents are received by the StFX Admissions Office. Applications cannot be processed until all official high school, university, or college transcripts are received.

- For mature students, an employer’s letter and statement of activities since leaving high school are required.

- For re-entry students (those wishing to return to StFX after an absence), completion of the section A Bit More About You is required.

- For international students not from an English-speaking country, an IELTS combined score of 6.5 or a TOEFL score of at least 92 (or equivalent from another standardized test of English language proficiency) is required.

- Students who have an 85% average or above and provide a completed application form and first semester Grade 12 transcripts by March 1 are guaranteed a StFX Entrance Scholarship of at least $5,000 over four years of study*. All scholarship applications are completed on our online Scholarship Application Site. Visit awards.stfx.ca once you have been accepted to StFX to start financing your education.

  *Average based on course requirements for desired program.

By supplying your Nova Scotia Provincial Student Number on this application form, you acknowledge that we have your permission to make an electronic request for your high school transcript, through MyTranscripts, to the Nova Scotia Department of Education and Early Childhood Development (EECD), and that EECD has your permission to send an electronic copy of your transcript, and subsequent updates to us.

Your academic transcript will be collected, used, disclosed, retained, and made secure by us only in accordance with the conditions stated above and the Nova Scotia Freedom of Information and Protection of Privacy Act.

Should you not wish to have us request your transcript electronically, please do not provide your high school student ID. In this case, you must request transcripts from your high school and mail them to the StFX Admissions Office.

**PLEASE SEND COMPLETED FORMS TO:**

**Email/scan:** admit@stfx.ca

**Fax:** 1.902.867.2329

**Mail:** StFX Admissions Office, 5005 Chapel Square, St. Francis Xavier University, Antigonish, Nova Scotia Canada B2G 2W5

**NOTE:** For fastest processing, please fill out your application online at stfx.ca/apply.
Personal Information

Applicant
NS Student ID (if applicable): ____________________________
Surname: ____________________________
First Name: ____________________________
Middle Name: ____________________________
Preferred First Name: ____________________________
Previous Surname: ____________________________

Student Type
○ New ○ Re-entry ○ Transfer ○ Mature ○ Visiting student

Citizenship Status
○ Canadian Citizen or Permanent Resident (Landed Immigrant)
Are you a resident of Nova Scotia? Y/N
○ Other Nationality (Please specify) ____________________________

International Questions
NSISP Participant
If you are an international student who is participating in the Nova Scotia International Student Program please let us know: Y/N

Agent Representation
If you are submitting this application on behalf of a student, please include your Agency and name. If you are a student using the services of an agency, please include the agency’s name.

Current Mailing Address
Street Address/PO Box/Rural Route #: ____________________________
City: ____________________________ Province/State: ____________________________
Postal Code/ZIP: ____________________________ Country: ____________________________
Phone: (____) __________________ Fax: (____) __________________
Email: __________________

Personal Information
Gender ○ Male ○ Married ○ Single
Date of birth: Day __________ Month __________ Year __________
SIN/SSN: ____________________________

Emergency Contact
Surname: ____________________________
First Name: ____________________________
Relationship to Applicant: ____________________________
Street Address/PO Box/Rural Route #: ____________________________
City: ____________________________ Province/State: ____________________________
Postal Code/ZIP: ____________________________ Country: ____________________________
Phone: (____) __________________ Fax: (____) __________________
Email: __________________

Self-Identification Questionnaire (optional)
Completion of this section is voluntary. For students who choose to self-identify your information will be provided to a limited number of on-campus service providers. In addition, self-identification may enable you to be eligible for scholarships, bursaries, and other students supports.

Do you consider yourself an Indigenous person? Y/N
Do you consider yourself a person of African descent? Y/N
Do you consider yourself an African Nova Scotian? Y/N
Do you consider yourself another racialized group? Y/N

Language Skills
Languages spoken (please indicate first language)
English ○ French ○ Other ____________________________
Languages written (please indicate first language)
English ○ French ○ Other ____________________________

Alumni in Family
If either of your parents or other family members have attended StFX, please list their names and approximate year of graduation.

Post-Secondary Study
In addition to high school transcripts, all applicants must submit transcripts from any other post-secondary institutions attended. Failure to do so could result in the application being denied or academic dismissal upon a later disclosure.

Have you attended another post-secondary institution?
○ No ○ Yes

If yes, please list all institutions attended and indicate year(s) of attendance. You must also arrange to have official transcripts sent to the Admissions Office at StFX.

If you have applied to StFX previously, please indicate below.
Were you accepted? No/Yes
Did you attend? No/Yes

Last High School Attended
Name: ____________________________
City: ____________________________ Province/State: ____________________________
Country: ____________________________ Year of Graduation: __________________
Are you an IB Candidate? No/Yes
If yes, please indicate:
○ Diploma ○ Certificate
Program of Study

Desired Program of Study

Please indicate which program is your first choice and which is your second choice.

ARTS
- Bachelor of Arts
- Bachelor of Arts in Aquatic Resources
- Bachelor of Arts in Human Kinetics
- Bachelor of Arts—Humanities Colloquium
- Bachelor of Music:
- Bachelor of Arts in Public Policy and Governance
- Bachelor of Arts—Social Justice Colloquium

SCIENCE
- Bachelor of Science
- Bachelor of Science in Aquatic Resources
- Bachelor of Science in Human Kinetics
- Bachelor of Science in Human Nutrition
- Bachelor of Science in Nursing (not permitted as 2nd choice)
- Bachelor of Science in Nursing—2-Yr Accelerated Option (not permitted as 2nd choice)
- Bachelor of Science with Diploma in Engineering
- LPN-BScN (not permitted as 2nd choice)
- Diploma in Engineering

BUSINESS
- Bachelor of Business Administration

ARTS AND SCIENCE
- Bachelor of Arts and Science in Climate and Environment
- Bachelor of Arts and Science in Health

OTHER
- Non-Degree
- Visiting Student—Letter of Permission from another university

Term applying for
__ Fall (September)  __ Spring (May)  __ Summer (July)

What were the important factors in your decision to apply to StFX?
1. ______________________________________
2. ______________________________________
3. ______________________________________

What person(s) if any were influential in your decision to apply to StFX?
- 1. ______________________ Relationship ______________________
- 2. ______________________ Relationship ______________________
- 3. ______________________ Relationship ______________________

Student with Special Needs

StFX provides services for students with disabilities. Please contact the Health and Counselling centre at 1.902.867.2263 or Accessible Learning at 1.902.867.5349 to discuss your options.

Disclaimer: I hereby agree to abide by all the rules and regulations which apply to students of StFX University and acknowledge that my right to remain at StFX is subject to them. The information in this application is complete and correct to the best of my knowledge. I acknowledge that StFX adheres to the Freedom of Information and Protection of Privacy legislation as it applies to universities.

St. Francis Xavier University gathers and maintains records of personal information, including but not limited to the information on this form, for the purposes of admission, registration, provision of educational services, ongoing contact with students and alumni, and soliciting support for these and other university activities. The collection, use and disclosure of personal information by the university is governed by the Nova Scotia Freedom of Information and Protection of Privacy Act, S.N.S. 1993, c5. The information provided by applicants on this form, and other information provided to the university from time to time, will be maintained in the university’s records. The personal information provided may be used by university personnel and disclosed to third parties as required or permitted by applicable legislation or in accordance with the purposes for which it is collected. By signing this Application for Admission, you indicate your consent, pursuant to the Freedom of Information and Protection of Privacy Act, to the collection, use and disclosure of your personal information as described above.

___________________________  ______________________________
Signature Date

PLEASE INCLUDE APPLICATION FEE:

Payment accepted by credit card, money order, or cheque.

__ AMEX__ MasterCard __ VISA

Name: ____________________________ Credit Card #: ____________________________ Expiry: ____________________________

OR, please include a cheque or money order with your application, payable to StFX University Admissions Office. NOTE: For fastest processing, use our easy online application at stfx.ca/apply.
A Bit More About You

What interests you the most about the program to which you are applying? ________________________________
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What are your plans after you obtain your degree? ________________________________
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Please use the following space to include any additional information which you feel would be of help to us in making a decision on your application. If you are not currently attending a high school or a post-secondary institution, please state what you have done since leaving high school. ________________________________
______________________________________________________________________________________________
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Residence Application 2019-2020

Be part of Canada’s finest residential campus community

Residence Preferences: Before applying for residence at StFX, please review the residence and meal plan options on the Residence Services website. You can also apply online at www.stfx.ca/student-life/residence-life. To complete the online application, you will require your WebFX username and password that is included in your acceptance letter from the Admissions Office. For more information, contact Residence Services at residence@stfx.ca

<table>
<thead>
<tr>
<th>RESIDENCES</th>
<th>ROOM TYPE</th>
<th>GENDER</th>
<th>NOTES</th>
<th>RANK 1-6 IN ORDER OF PREFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameron Hall</td>
<td>Double Rooms</td>
<td>Co-ed</td>
<td>Houses: Thompson &amp; Tompkins (TnT) MacDonald &amp; MacPherson. Gender specific washrooms.</td>
<td></td>
</tr>
<tr>
<td>MacIsaac Hall</td>
<td>Double Rooms</td>
<td>Co-ed</td>
<td>5 floors, shared private washrooms</td>
<td></td>
</tr>
<tr>
<td>MacKinnon Hall</td>
<td>Double Rooms</td>
<td>Co-ed</td>
<td>Houses: Chisholm, Gillis (Chillis) &amp; MacNeil. Gender specific washrooms.</td>
<td></td>
</tr>
<tr>
<td>Riley Hall</td>
<td>Single/Double Suite</td>
<td>Co-ed</td>
<td>Double bed, private washroom</td>
<td></td>
</tr>
<tr>
<td>O'Regan Hall</td>
<td>Single/Double Suite</td>
<td>Co-ed</td>
<td>Double bed, private washroom</td>
<td></td>
</tr>
<tr>
<td>Governors Hall</td>
<td>Single/Double Suite</td>
<td>Co-ed</td>
<td>Double bed, private washroom, shared kitchen (Preferred residence for returning students &amp; transfer students)</td>
<td></td>
</tr>
<tr>
<td>Somers / Power Apartments</td>
<td>Single Rooms</td>
<td>Co-ed</td>
<td>4 bedrooms, single beds, 2 private full washrooms, kitchen and living room. (Preferred residence for returning students &amp; transfer students)</td>
<td></td>
</tr>
</tbody>
</table>

Residence Options for Returning and Transfer Students

Returning students and transfer students live in the following residences: Bishops Hall, Cameron Hall, MacKinnon Hall, Mount Saint Bernard, Riley Hall, O’Regan Hall, Governors Hall, Somers Hall, Power Hall and FX Hall.

Other Preferences

- Do you prefer order and neatness in your space?
- Do you prefer to go to bed after midnight?
- Do you smoke?
- Would you live with a smoker? (All residences are smoke free)
- Do you prefer to live with students in the same program? (Colloquiums, Nursing, Education)

Program Name: ____________________________

Designate your Roommate (optional)
(Request must be mutual)

Name of Roommate: _________________________

Email Address for Roommate: _________________________

Medical Condition

I have a medical condition that may affect my room assignment. Please contact the Residence Office directly for assistance.

Statement of Understanding

Room assignments will be made exclusively to students who have been accepted to the University and who have paid the $100.00 confirmation fee to confirm their attendance at StFX. First-year students who have submitted a residence application and have been accepted to StFX by May 15th are guaranteed a space in residence.

I understand that, to the extent possible, my residence hall assignment will consider the preferences noted on this application, and I understand further that specific assignments are not guaranteed. I also understand that room and roommate assignments are not assigned or reassigned according to race, colour, religion, national or ethnic origin, sexual orientation, age or disability.

Signature: ____________________________

Date: ____________________________