



Tantramar Advantage Program Application

Registrar's Office
62 York Street, Sackville, NB
Canada, E4L 1E2
(506) 364-2269 (phone)
(506) 364-2272 (fax)

Instructions to Applicants: Please carefully read this application and answer each question completely to the best of your knowledge. The approval of the Principal of Tantramar Regional High School is required for all students wishing to take advantage of this program. Please ensure that the high school sends an official transcript of your marks to Mount Allison to complete your application. Please submit at \$25 application fee with your completed Tantramar Advantage Program application form.

Please complete the following:

Last Name	First Name	Preferred Name	Middle Name
Permanent Address (Number/Street)	Town or City	Province/Country	Postal Code
E-mail Address	Permanent Phone (Home)	Phone (Work)	Fax (if applicable)
Country of Citizenship	Social Insurance Number		
Date of Birth year/month/day / /	Place of Birth (Town or City/Province)	Mother Tongue <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Status in Canada (if international student)			
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Student Visa	Entry date:	<input type="checkbox"/> Other Visa
Have you ever applied to Mount Allison before?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when _____	
For which academic term are you applying?			
<input type="checkbox"/> Fall 20____ September - December		<input type="checkbox"/> Winter 20____ January - April	
Emergency Contact			
Which course are you intending to take?			

The statements contained in this application are true and accurate to the best of my knowledge.

Signature _____ **Date** _____

Approval of Principal _____ **Date** _____

I hereby give permission to Mount Allison University to inform Tantramar Regional High School of the grade earned in the course I undertake.

Signature: _____