



**CANADIAN MENNONITE UNIVERSITY**

**Visiting Student—Graduate Studies Application Form**

**Name and Address**

Name (first, middle, last) \_\_\_\_\_

Current Address \_\_\_\_\_ (valid until) \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Personal Information**

Birthday (mm/dd/yy) \_\_\_\_\_

Gender:  male  female

Marital Status:  single  married

Citizenship:  Canadian  Other \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name of Church you are attending: \_\_\_\_\_

City: \_\_\_\_\_

Church Denomination/Affiliation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

How did you hear about CMU's M.A. program? \_\_\_\_\_

**Program Information**

**Sending Institution** \_\_\_\_\_

I have requested a letter of permission

**Statement of Understanding**

I certify that the information provided on this application is accurate to the best of my knowledge.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

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**Please return completed form to:**  
**Registrars Office,**  
**Canadian Mennonite University**  
500 Shaftesbury Blvd.  
Winnipeg, MB Canada  
R3P 2N2  
FAX: 204-837-7415