SAINT MARY'S UNIVERSITY | OFFICE OF THE REGISTRAR

HONOURS APPLICATION

Student Information:

Last Name:		**First Name:**	
Student #:	A	**Email:**	
Application For:	☐ Honours ☐ Honours Equivalency	**Anticipated Start Date:**	
Subject:		**Program:**	

I hereby apply for admissions to the Honours or Honours Equivalency Programme.

Student Signature:		**Date:**	

Review of Application by Department or Academic Unit:

Accepted ☐	or	Rejected ☐	
Name:		**Signature:**	
Supervisor *(If Applicable)*		**Date:**	
Comments:			

Review of Application by Academic Advising Office:

Accepted ☐	or	Rejected ☐	
Name:		**Signature:**	
Date:			
Comments:			

Office of the Registrar Use Only:

Date Received:	
Updated By:	
Date Student Notified:	