



Shiloh College

18 Rivalda Road, Toronto, Ontario, M9M 2M3 Canada

Telephone: +1 (647) 247 2913

Email: registrar@shilohcollege.com, Website: www.shilohcollege.com

APPLICATION FORM FOR ALTERNATIVE DISPUTE & CONFLICT RESOLUTION

(PLEASE PRINT CLEARLY)

Last Name: _____ First Name : _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip/Postal Code: _____

Date of Birth: _____ Country of Birth: _____ Gender : ___ Marital Status : _____
(MM/DD/YYYY)

Telephone (Home):(____) _____ - _____ Cell:(____) _____ - _____ Email Address: _____

List of schools attended:

NAME OF THE SCHOOL	ADDRESS OF SCHOOL	YEAR OF GRADUATION	CERTIFICATE/DEGREE RECEIVED

() Enclosed are copies of my certificates () Enclosed is my ministry resume.

I understand that the degrees offered by Shiloh College will be conferred in Toronto, Ontario Canada.

This form must be returned with the relevant application fee of \$_____ before admission can be processed.

Signature: _____ Date: _____

OFFICE USE ONLY (Please do not write below this line)

Amount Deposited: \$ _____ Student ID#: _____

Approved By: _____