

Hesburgh Sabbatical Program at Catholic Theological Union

Application for Admission

U.S. \$50 Application Fee
Due when application is sent
(Non-refundable; not applicable to tuition)

Return this application to:
Director
Hesburgh Sabbatical Program
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615

Name _____
Print Name Exactly As It Shows On Passport

Applying For: Spring Semester (Jan-May) Fall Semester (Aug-Dec) Year: 20 _____

Mailing Address _____

Telephone _____ Fax _____ E-mail _____

Date of Birth ____/____/____ Place of Birth _____
Month Day Year City State Country

Title of religious congregation/order _____ Initials _____ Diocese _____

For priests/deacons, year of ordination ____ For religious, year of Profession ____ For Laity/year into full-time ministry ____

Name of person to be billed _____

Address of person to be billed _____
Address

City State ZIP Country

Person in U.S. to be notified in emergencies _____ Phone _____

Address _____

Alternate Emergency Contact: Name _____ Phone _____

Are you a U.S. Citizen? Yes No

If no, country of citizenship _____ United States Social Security Number ____ - ____ - ____

INTERNATIONAL STUDENTS: Applicants who are not US citizens must submit with this application a photocopy or scan of the biographical/photo page of their passport. This will be used to issue the I-20 immigrations form.

Colleges and Universities attended and/or currently attending. (You are *required* to complete this section.):

Name of Institution	Location	Dates Attended	Major	Degree	Date Degree Conferred

Professional and Ministerial Experience: (use reverse side if needed):

Position Name	Location	Dates Attended	Major	Degree	Date Degree Conferred

Marketing Questions: *please answer the following questions:*

1 How did you learn about the Hesburgh Sabbatical Program? _____

2 In which newspaper(s) or magazines(s) have you seen the Hesburgh Program advertised?

3. Did you find and/or use the Hesburgh website Yes No

End of Application