

**CONFIDENTIAL RECOMMENDATION FORM
FOR A PARTICIPANT IN THE HESBURGH SABBATICAL PROGRAM**

Applicant Name: _____ **Semester:** _____

In order to be of the most effective service to the person named above who seeks to be part of the Hesburgh Sabbatical Program, we ask that you respond fully and carefully to the questions below. Thank you for your help!

1. Is the person named above under any **restrictions** in your Diocese or Province? **YES**_____ **NO**_____

COMMENTS:

2. Does she or he have good **physical health**? **YES**_____ **NO**_____

(If there is need for any special physical care, note it specifically).

COMMENTS:

3. Does she or he have **good mental health**? **YES**_____ **NO**_____

(If there is any emotional instability, any alcohol, drug, or chemical dependency or addiction concerns, or any past or currently presented instances of sexual activity with minors or adults, note it specifically).

COMMENTS:

4. What do you consider this applicant's greatest **strength**? Please attach additional sheets, if needed.

COMMENTS:

5. What do you consider this applicant's greatest **challenge**? Please attach additional sheets, if needed.

COMMENTS:

PRINT YOUR NAME _____ **DATE** _____

SIGNATURE _____ **POSITION** _____

Please **email** completed and scanned form to: hesburgh@ctu.edu, or

Mail this form **by post** to:
Hesburgh Sabbatical Program
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615