



John Duns Scotus Study Tourgimage

June 2-13, 2023

The Study Tourgimage

The John Duns Scotus Chair of Franciscan Spirituality in combination with the Spirituality and Pastoral Ministry Department has organized a Study Program that combines elements of tourism and pilgrimage to spend twelve days visiting some of the religious, historical, and natural sites in Central Italy that are the back drops to the development of Franciscan-Clarian Spirituality.

We will visit Franciscan Rome by going to places significant to Francis, the Friars Minor, the Poor Clares and the Third Order. We will spend 5 days in Inspirational Assisi visiting the Basilicas of Santa Maria degli Angeli, San Francesco and Santa Chiara. We will also visit some of the other churches and shrines of the Friars Minor and go up the mountain to the Carceri. We will take a day trip to Mystical Mount La Verna. On the way back to Rome we will celebrate Christmas in Greccio. While in Rome for the second time we will do a Day trip to visit two or three other Franciscan shrines in the Evangelical Rieti Valley.

Thank you for carefully completing the application form. This will bring you one step closer to the land of the Popes, Saints and other colorful figures of Franciscan history and spirituality.

Application DEADLINE: March 12, 2023, or when the course fills up.

Please return the application electronically to

Gilberto Cavazos-González (jdscotus@ctu.edu):

Or by regular mail to Gilberto Cavazos-González, OFM

Catholic Theological Union,

5416 S. Cornell Avenue, Chicago, IL 60615.

Academic credit

CTU students who wish to take the program for academic credit will need to register for and participate in SH4002a or SH5002a (part A) in the May Term and BSH4002b or SH5002b (part B) in the Summer term. Participants will earn 1.5 credits for each part for a total of three credits.

These courses can be used for the Spirituality concentration of the general and research MA and the DMin. Besides paying for the travel portion of the study program, participants taking the program for credit or audit will be billed by the Business Office at the prevailing tuition rate. Participants from ACTS schools register and pay CTU for the travel portion and tuition for academic credit at their home institution. Other participants who wish to earn academic credit can contact Gilberto Cavazos-González (jdscotus@ctu.edu) for more information.

Auditors

All other participants will need to register as auditors for SH4002a or SH5002a (part A) in the May Term and BSH4002b or SH5002b (part B) in the Summer term.

Cost of the Travel Program

The cost of the program: \$2,400. This includes

- 7 nights of hotel accommodation (double occupancy) at half board (breakfast and one meal) in Rome
- 5 nights of hotel accommodation (double occupancy) at full board (three meals) in Assisi,
- *Single room supplement for all 12 days is \$400.*
- land transportation
- entrance fees to sites on our itinerary
- gratuities for chapel use, drivers and hotel staff

This does NOT include

- **airfare:** You will need to make their own flight arrangements should book a flight that arrives in Leonardo Da Vince Airport – Fiumicino Rome **before or around noon** on June 2. You will need to make your way from the airport to the Hotel in Rome and ready to begin the program at 15.00 (3.pm). You may consult Gilberto (jdscofus@ctu.edu) about flight plans and how to get from Fiumicino to the Hotel in Rome.
- **Cost of passport and visa to Rome:** Since this is a program of overseas travel, it is necessary to have all the required documentation in order.
 - If you do not have a passport, please secure one as soon as you can. Citizens of the United States can get information about securing a passport from travel.state.gov/travel. Citizens of other countries should consult local authorities about securing a passport. If you already have a passport, please ensure that it is valid for six months beyond the program's end date (in this case, June 13, 2023). You may apply for the program before you have your passport, but you must have a valid passport *before* beginning the trip.
 - As of April 2022, **U.S. citizens may enter Italy for up to 90 days for tourist or business purposes without a visa**. All non-residents are required to complete a declaration of presence (dichiarazione di presenza).
 - Tourists arriving from a non-Schengen-country (e.g., the United States) should obtain a stamp in their passport at the airport on the day of arrival. This stamp is considered the equivalent of the declaration of presence.
 - Participants who are not US citizens need to check the Italian visa requirements for their nation and check their US visa to be certain that it will allow a return to the US following the program. Special Note: Visas must not expire before the trip has concluded. Also, if you are a citizen from a country other than the US and you intend to return to the US after this trip, make sure your visa for the US won't have expired before your return date!

- Proof of **medical insurance** that includes coverage for COVID-19
- Travel insurance (optional)
- **One meal a day while in Rome**
- **Personal expenses**
- **Tuition** (see above) for participants taking the program for credit/audit.
- **\$300 nonrefundable deposit** payable upon application. This deposit will be applied to the cost of participation in the program.
- **COVID testing if necessary.**

Applying to the Program

To apply to participate in the **2023 Study Tourgrimage** please do the following

- Complete the application form and accompanying documentation (see below), sending these electronically to Gilberto Cavazos-González (jdsctus@ctu.edu) or by USPS to Gilberto Cavazos-González, OFM, Catholic Theological Union; 5416 S. Cornell Ave., Chicago, IL 60615.
- Pay the \$300 nonrefundable deposit to the CTU Business Office at 773-371-5405.
- Please email a copy of the first two pages of your passport, i.e., the pages that show your name, the issuing country, passport number, your date of birth, and the date when the passport was issued and its expiration date. Note: keep a copy for yourself in a place separate from your passport. The passport information is especially important for making hotel and flight reservations during the trip.
- Email a passport-type photo (close up of face from neck up) of yourself with a 75-word bio. These will help us to become acquainted with each other. These will be included in a **program manual** online in the Tourgrimage Virtual Classroom (D2L). The manual will include details about the program, including a calendar, what clothing to bring, a suggested amount of spending money and other details.

COVID-19

Whatever Covid-19 protocol on international travel that is in place at the time of the trip will be followed by all participants. We will let you know closer to the date of travel any specific covid requirements.

Billing

Full payment for the program (\$2,400) is due upon acceptance to the program. Please notify Gilberto Cavazos-González, OFM if someone other than you is responsible for payment.

**J.D. SCOTUS TRAVEL PROGRAMS
Application Form**

April 27 - May 18, 2023

Please print all information

1. Name (Please print your name *as it appears on your passport*)

Last _____ First _____ Middle _____

2. Mailing Address

Street _____ City _____

State/Province _____ Postal Code _____ Country _____

3. E-mail address _____

Secondary E-mail address _____

4. Telephone Numbers

Cell: _____ Day _____ Evening _____

Please include the country code if numbers are not in the U.S.

Note: If there are any changes to your postal address, email address, or telephone number before departure for Italy, please inform Gilberto C-G (jdsctus@ctu.edu).

5. Billing: [If your bills should be sent to someone other than yourself (i.e., the Treasurer of your Religious Congregation), please put that contact information below (name, address, phone number and email address).]

6. Passport Information

Please be sure to include a copy of the first two pages of your passport, i.e., the pages that gives, your name, the Issuing Country, Passport Number, Birth date, Date of Issue, and Expiration Date. **Note:** Your passport must be valid until at least November 20, 2023. If it will expire before that date, you must apply for your passport to be renewed.

7. Travel Plans:

The Tourgimage does not include flights to and from Italy. You will need to make your own flight plans. When you make your own arrangements, please notify Prof. Gilberto of those arrangements upon acceptance into the program.

8. Accommodations

Throughout the trip, accommodations are in shared double rooms. If you prefer a single room, there is an additional **\$400 fee** payable upon acceptance into the program. If wish a single room, please notify Prof. Gilberto when applying to the program.

9. My Ecclesiastical Background

I am a member of the _____ Church.

I am a lay person: (Single ____ Married ____)

Member of a religious communities:

Name of Order/Congregation: _____

The initials that identify my congregation are: _____

Initial Formation ____ Professed ____ Ordination Candidate ____ Ordained ____

Year of Profession _____ Year of Ordination _____

Member of the secular clergy: Diocese

Seminarian _____ Year of Ordination _____

10. Letter of Recommendation

Current CTU students do not have to request a Letter of Recommendation. All other participants do. If you are not a current CTU student, please complete the following:

I have requested a Letter of Recommendation from _____

Please give that person the two-page form for that purpose that is included at the end of this application (pp. 9 and 10).

11. Medical and Emergency Contact Information

Please fill out and return the **Medical and Emergency Contact Information Form**.

Please have your physician complete the **Doctor's Approval Form** that is included near the end of this application (p. 9). He/She needs to return it to Gilberto Cavazos-González at CTU. *It should be sent through regular mail or fax (773.324.1009), but it should not be emailed to ensure your privacy.*

12. Academic Credit

_____ I do not wish to pursue academic credit. (Audit)

_____ I wish to apply for the graduate credits being offered for this trip.

If want academic credit and are not currently a CTU or ACTS student, please providing the following information:

Please list all post-secondary schools attended:

School	Degree	Major(s)	Dates Attended

13. Certificate in Franciscan Spirituality

I wish to apply for the Certificate Program in Franciscan Spirituality Yes_____ No_____

Note: This program requires additional study in the Scriptures and Spirituality at CTU (a total of 18 credit hours).

**John Duns Scotus Study Tourgimage
Medical and Emergency Contact Information**

Applicant's name: _____

Please provide the following information for use in case of a medical emergency:

Physician's Name and/or medical facility _____

Telephone: _____ Fax: _____

(Please include the country code if number is not in the US.)

Medical insurance: Company name: _____

Policy number _____

Telephone: _____ Fax: _____

(Please include the country code if number is not in the US.)

Emergency Contact: In case of emergency, please contact

Name _____ Relationship _____

Street _____ City _____

State/Province _____ Postal Code _____ Country _____

E-mail address _____

Cell: _____ Day _____ Evening _____

Please include the country code if numbers are not in the U.S.

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If you are a member of a religious Order/Congregation, please supply the following information.

Contact Person: _____

Street _____ City _____

State/Province _____ Postal Code _____ Country _____

E-mail: _____

Daytime Phone Number _____

(Please include the country code if number is not in the US.)

Please add your name at the top of this page _____

Please list medications (including over the counter medicines) you are currently taking and the condition for which this medication is required.

Medication	Condition
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What, if any, physical limitations do you have?

Do you have any special dietary needs?

Necessary Stamina

Please give serious consideration to the following statement and affix your signature below it if you agree that you have the necessary stamina to participate in this travel program.

I am aware that this trip requires daily and sometimes lengthy walking, occasionally on uneven ground, in weather that sometimes can be hot. It also involves living cooperatively in a community setting for the duration of the trip. I have the physical, emotional, and mental strength to participate fully, and I recognize that it is my responsibility to inform the staff should any health problems arise before or during the trip. I also realize this is an academically oriented program.

(Your signature) _____

**JOHN DUNS SCOTUS TRAVEL PROGRAMS
Doctor Approval Form**

Dear Doctor:

The person named below has applied for the JD Scotus Study and Travel Program sponsored by Catholic Theological Union at Chicago. This is a three-week program of study and travel in Central Italy. **SOME ASPECTS OF THIS PROGRAM ARE PHYSICALLY DEMANDING BECAUSE OF THE AMOUNT OF WALKING OVER UNEVEN TERRAIN IN A WARM CLIMATE THAT IS REQUIRED ON SOME DAYS.** Good general health is a fundamental requirement for participation. Coronary or respiratory problems, severe allergies, or problems with walking could be aggravated by the physical expectations of this program. It is difficult for participants to maintain special diets. Because of the adjustments that need to be made to community living in an unfamiliar culture, the applicant should have the emotional and psychological strength to make the necessary adaptations. Chronic psychological problems will only be exacerbated because of the adjustments that are typically required of participants.

After examining the applicant, please advise us of his or her suitability for our program. This statement is for the information of the program and will not in any way hold you legally liable for the applicant's acceptance into the program or for any injury or illness that might occur during the program. Thank you for your help.

Sincerely,
Gilberto Cavazos-González, OFM
John Duns Scotus Chair of Franciscan Spirituality

Name of the applicant _____

(Check one) _____ **is** _____ **is not** in good general health for the travel program as described above. This trip requires daily and sometimes lengthy walking, occasionally on uneven ground, in a climate of intense heat.

Is there a physical condition of this applicant and/or medication taken by this applicant that the Program Director should be aware of (e.g., epilepsy, seizures, diabetes, cancer, a psychological/affective disorder)? If yes, please explain below.

Physician's Name (please print) _____

Signature _____ Date _____

Please mail or fax the completed form to:
Gilberto Cavazos-González, OFM, Catholic Theological Union, 5416
S. Cornell Ave., Chicago, IL 60615
Office Phone: 773-371-5534, Fax 773-324-1009
Email: jdscotus@ctu.edu



**John Duns Scotus Study Tourgrimage
Letter of Recommendation**

Applicant's Name _____

I, the applicant, agree that the recommendation I am requesting shall be held in confidence by officials of Catholic Theological Union, and I hereby waive any rights I may have to examine it.

Yes _____ No _____

This person has applied to Catholic Theological Union's John Duns Scotus Study Tourgrimage. This is a three-week program of biblical study and travel in Central Italy. It involves adjustment to a foreign culture and to community living, and visits to religious, historical, and natural sites. The participant must have an interest in serious study of Franciscan Spirituality and Church History be able to live cooperatively in community with both men and women and be sufficiently flexible to adjust to new situations and different cultures. The program is physically strenuous, involving a walking on uneven terrain, in a climate that can be hot. Anyone whose footing is unsure, who is already fatigued, is under psychological stress, has had surgery within six months prior to the beginning of the program, has strict dietary restrictions or has less than good health is not advised to undertake this program.

In the light of this description, would you please respond to the following:
How long and in what capacity have you known the applicant?

Please comment on the applicant's capacity to successfully participate in the kind of program described above. (The entire group depends on your honest recommendation)

I verify that the information given above is complete and accurate to the best of my knowledge.

Date _____ Name (please print) _____

Relationship to Applicant _____ Your phone # _____

Your Mailing Address

Street _____ City _____

State/Province _____ Postal Code _____ Country _____

Signature _____

Please mail or fax the completed form to: Gilberto Cavazos-González, OFM,
Catholic Theological Union,
5416 S. Cornell Ave., Chicago, IL 60615
Office Phone: 773-371-5534, Fax 773-324-1009
Email: jds Scotus@ctu.edu

Application Checklist

Your application should include the following:

1. **The completed application forms**
2. **A copy of the first two pages of your passport**
3. **A passport-sized headshot in electronic form if possible and 75-word bio.**
4. **The completed medical and emergency contact information (pp 7&8)**
5. **Contact the CTU Business Office to pay the \$300 nonrefundable application fee. This fee will be applied to the cost of participation upon acceptance into the program.**

Please email or mail this completed form to:

Gilberto Cavazos-González, OFM, Catholic Theological
Union, 5416 S. Cornell Ave., Chicago, IL 60615
Office Phone: 773-371-5534, Fax 773-324-1009
Email: jdscotus@ctu.edu

6. **Also visit your physician** and have the physician send the Doctoral Approval Form (page 9) to Gilberto Cavazos-González
7. **Have a letter of recommendation**, using the Letter of Recommendation Form (page 10) sent to Gilberto Cavazos-González. (CTU students may omit this step).
8. **Register for the course portion of the Tourgimage.** Once you are accepted for the June Tourgrimage you will need to register for credit or as an auditor with the CTU Registrar. If you are auditing you need to [apply for admission as an auditor](#).

If you wish more information or have any questions, please contact

Gilberto Cavazos-González, OFM, Catholic Theological
Union, 5416 S. Cornell Ave., Chicago, IL 60615
Office Phone: 773-371-5534, Fax 773-324-1009
Email: jdscotus@ctu.edu