

Institute of Religious Formation

Application for Admission

\$55 USD Application Fee Due

When application is filed.

- Non-refundable; not applicable to tuition)

- We will contact you later to collect the fee.

Session starting ____ Year ☐ Jan.
(with approval only)

Return this application to

The Office of the Academic Dean

Institute of Religious Formation

Email: deansoffice@ctu.edu

Catholic Theological Union

5416 S. Cornell, Chicago, IL 60615

Print Name Exactly As It Shows On Passport

Name _____
Surname **First Name** **Middle Name**

Mailing Address: _____

Telephone _____ Fax _____ E-mail _____

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

Title of religious congregation/
order _____ Congreg. Initials _____ Diocese _____
(diocesan priests only)

Name & address of person to be billed _____

United States Person to be notified in emergencies _____ Phone _____

Address _____

Are you a U.S. Citizen? ☐ Yes ☐ No

If no, country of citizenship _____

Will you be attending an English Language School prior to the IRF? ☐ Yes ☐ No

Colleges and Universities attended and/or currently attending. (Do not mail this form without completing this entire section:

Name of Institution	Location	Years Attended	Major	Degree	Date Degree Conferred

Professional and Ministerial Experience:

Position Name	Location	Job Description	From (Year)	To (Year)

Marketing Questions please answer the following questions:

1 How did you first learn about IRF? _____

2 If your Community, Provincial, or a former IRF member first told you about the program, how did they hear of IRF?

3 In which newspaper(s) or magazines(s) have you seen IRF advertised? _____

4. Did you find and/or use the IRF website (<https://ctu.edu/academics/institute-of-religious-formation/>)? ☐ Yes ☐ No

5. Was the brochure useful in your decision to apply? ☐ Yes ☐ No