

PONTIFICAL NORTH AMERICAN COLLEGE



Casa Santa Maria
Via dell'Umiltà, 30
00187 Rome, ITALY

APPLICATION FOR RESIDENCE Graduate Department

I. GENERAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

1. Name: _____
First Middle Last
2. Present Address: _____
3. City: _____ State: _____ Zip: _____
4. Work Phone: (____) _____ 5. Fax: (____) _____
6. Home Phone (____) _____ 7. E-mail: _____
8. Date of Birth: _____ / _____ / _____
Month Day Year
9. Place of Birth: _____
City State / Province Country
10. Current country of citizenship: _____
11. Diocese of Incardination (or name of Religious Institute / Society of Apostolic Life):

12. Present Assignment: _____
13. Major Seminary Attended: _____
14. Date of Ordination to Priesthood: _____ / _____ / _____
Month Day Year
15. Please list your parochial and/or special ministerial assignments as a priest: (Be specific as to name of parish / institution, title, city, dates, etc.)

16. Have you ever lived in Rome ... or in a college or convitto in Rome?

(If "yes", explain where, when, for how long and for what purpose.)

17. Do you have a "permesso di soggiorno" in your possession at this time? _____ (If "yes", please include a copy, even if expired.)

18. Into which university / institute do you plan to enroll or continue your studies? _____Alfonsianum; _____Angelicum; _____Anselmo; _____Augustinianum; _____Gregorian; _____John Paul II; _____Lateran; _____Santa Croce; _____Teresianum; Other: _____

19. Into what program or faculty do you plan to enroll? _____
(e.g., Canon Law, Moral Theology, Dogma, Spirituality, Philosophy, etc.)

20. What degree do you hope to attain?
_____ Diploma; _____ Masters of Arts; _____ License; _____ Doctorate

II. MEDICAL INFORMATION

1. Are you presently under the care of a physician? _____
(If "yes," what is the nature of the care.)

2. Are you presently taking any prescribed medications? _____
(If "yes," specify the medication[s] and reasons for the prescription[s].)

3. Do you suffer from allergies, hearing impairment, mobility or breathing difficulties (e.g., asthma, chronic bronchitis, etc.)? _____
(If "yes," please indicate the type and relative severity.)

4. Have you ever been treated for emotional illness, nervous disorder, or alcoholism, or chemical dependence? _____
(If "yes," include a brief medical statement from your health care provider indicating the present status of your health and maintenance requirements.)

5. Do you require a special type of diet? _____
(If "yes," explain the type of diet needed or include related information about your specific requirements.)

NOTE: If you have not had a complete physical examination for over a year, please schedule one before coming to Rome. For medical reference, bring copies of your recent test results (blood, heart, urine, etc.), prescriptions, pertinent medical records for medical use while in Rome.

III. PASSPORT AND LEGAL INFORMATION

(Please include or fax a copy of your passport picture page)

1. Exact spelling of your NAME in your Passport

2. Country of issue: _____

3. Passport number: _____

4. Place of issue: _____

5. Date of issue: _____

6. Date of expiry: _____

7. Father's full name: _____

First Middle Last

8. Mother's full name: _____

First Middle Maiden

9. Do you have (a) European passport(s) in your possession (e.g., Irish, Italian, UK, etc.)? _____ Which one(s)? _____

(Please send or fax a copy of this passport picture page along with your application materials.)

IV. OTHER

1. Name the person(s) to be contacted in case of emergency:

Name: _____ Tel: (____) _____

Address: _____

Primary Care Physician: _____

Tel: (____) _____

2. Please provide the name of the Finance Officer (or other contact person) and the address of the sponsoring arch/diocese, institute, society, seminary, etc. who will be responsible for funding your board / room and other expenses incurred at CSM.

Name: _____

Sponsoring Agency: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail: _____

3.

PLEASE AFFIX A RECENT PASSPORT-SIZE PHOTOGRAPH HERE	NOTE: The information requested is used for determining admission status of priests for residence at CSM and for administrative purposes in accord with the norms and statutes of the Pontifical North American College. The determination of acceptance is communicated either by the Superior of CSM or the Rector of the North American College. The reception of this form does NOT constitute formal acceptance at CSM.
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4. ATTESTATION BY APPLICANT: With my signature, I express my willingness to comply with the norms and policies of Casa Santa Maria delineated in the updated *Manual of Information*, approved by the Board of Governors of the Pontifical North American College and the Congregation for Education as well as any subsequent modification approved by the same.

Date Signature of applicant

5.

Send completed "Application" with (10) ten identical passport size photos in clerics – exactly alike, and other related documents to: Fr. James Conn, S.J, Superior Casa Santa Maria Via dell'Umiltà, 30 00187 Rome, ITALY	Useful numbers for inquiries (Rome is six hours ahead of the Eastern Time Zone in the US): Office: +39 06 6900.1819 / 1824 Fax: +39 06 6900.1823 e-mail: csm.director@pnac.org
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6. ATTESTATION and NIHIL OBSTAT OF THE ORDINARY / DELEGATE: The applicant is a priest incardinated in the arch/diocese (institute / society) indicated above. He is assigned for residence at Casa Santa Maria, the graduate house of the Pontifical North American College, for the purpose(s) of academic study as part of ongoing formation in accord with the terms specified in his letter of appointment and in accord with the norms established by the Board of Governors and the Holy See. To the best of my knowledge, in the external forum, the applicant is of good character and reputation. There is no knowledge that he has been arrested, charged or convicted of any criminal act. The applicant has no current, untreated alcohol or substance abuse problem. Moreover, I attest that there is nothing in his background that would render him unsuitable for residence at Casa Santa Maria.

Date Signature of Ordinary / Delegate

Please affix the
OFFICIAL SEAL
of the Diocese,
Institute, Society