



Pontifical North American College
 00120 Vatican City State
 Europe
2024-2025 ACADEMIC YEAR
APPLICATION FOR ADMISSION

ATTACH ONE
PASSPORT-SIZED
PHOTO HERE
 (use paper clip)

Last Name (<i>as on Passport</i>)		First Name (<i>as on Passport</i>)		Middle Name (<i>as on Passport</i>)	
Diocese (<i>for which you expect to be ordained</i>)				Social Security Number	
Place of Birth (<i>City / State or Province / Country</i>)				Date of Birth (<i>MM/DD/YY</i>)	
Country of Citizenship	Passport Number	Place of Issue	Date of Issue (<i>DD/MM/YYYY</i>)		Date of Expiration (<i>DD/MM/YYYY</i>)
Have you ever applied for a visa or <i>soggiorno</i> from Italy before?			No	Yes – give details:	

To which Pontifical Roman University have you been assigned by your Diocese? (<i>If an assignment has been made</i>)		
<input type="checkbox"/> Pontifical Gregorian University (<i>www.unigre.it</i>) <input type="checkbox"/> Pontifical University of Saint Thomas (Angelicum) (<i>www.angelicum.org</i>) <input type="checkbox"/> Pontifical University of the Holy Cross (Santa Croce) (<i>www.pusc.it</i>)		
Names of all seminaries you have attended:	Level	Years (YYYY-YYYY)
	<input type="checkbox"/> Propaedeutic <input type="checkbox"/> College <input type="checkbox"/> Pre-Theology	

CONTACT INFORMATION (*Permanent Address*)

Address			
City	State/Province	Country	Zip/Post Code
Phone		Personal E-mail Address	

****All responses on the application form are to be typed, not hand written.**
Please complete this form electronically and save a completed PDF version for
future University application.**

IMMEDIATE DIOCESAN SUPERVISOR (*Director of Seminarians / Vocation Director / Other*)

Name		Title	
Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	

SACRAMENTAL / RITUAL HISTORY

TRANSFER OF RITE

Date of Baptism (<i>MM/DD/YY</i>)	Place of Baptism (<i>Parish/City/State or Province</i>)	*Please send documentation If applicable.	
Date of First Eucharist (<i>MM/DD/YY</i>)	Place of First Eucharist (<i>Parish/City/State or Province</i>)		
Date of Confirmation (<i>MM/DD/YY</i>)	Place of Confirmation (<i>Parish/City/State or Province</i>)	Confirmed by	
Have you ever been admitted to any of the following?			
Ministry/Order	Date (<i>MM/DD/YY</i>)	Location (<i>Parish/City/State or Province</i>)	Bishop
Candidacy			
Lector			
Acolyte			
Diaconate			

ETHNIC BACKGROUND

(The North American College along with all U.S. seminaries is requested to report annually this information to the United States Conference of Catholic Bishops and the Center for Applied Research in the Apostolate (CARA). This information is voluntary, does not enter into admissions decisions, and will not be used for any other purpose.)

<input type="checkbox"/> African American	<input type="checkbox"/> Latin American/Latino
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other: Please Specify _____

HOME PARISH

Name of Parish		Pastor	
Address			
City	State/Province	Country	Zip/Post Code
Phone		E-mail Address	

FAMILY INFORMATION - FATHER

Father's Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code
Phone	Education <i>(Highest grade level or degree completed)</i>	Occupation	

FAMILY INFORMATION - MOTHER

Mother's Maiden Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code
Phone	Education <i>(Highest grade level or degree completed)</i>	Occupation	

PARENTS' MARITAL STATUS

<input type="checkbox"/> Sacramental Marriage	<input type="checkbox"/> Church Annulment	<input type="checkbox"/> Divorced
<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced and Remarried Civilly
<input type="checkbox"/> Widowed and Remarried	<input type="checkbox"/> Civil Marriage only	<input type="checkbox"/> Never Married to Each Other

STEPPARENTS *(if applicable)*

1) Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code

2) Name <i>(First, Middle Initial, Last)</i>		Religion	Living or Deceased? <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address			
City	State/Province	Country	Zip/Post Code

LIST OF SIBLINGS

Name	Year of Birth	Occupation	Marital Status	Practicing Catholic?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION

In the event of an emergency, who should the North American College contact?

Your Name <i>(First, Middle Initial, Last)</i>

EMERGENCY CONTACT 1

Name <i>(First, Middle Initial, Last)</i>		Relationship to you	
Address			
City	State/Province	Country	Zip/Post Code
Home Phone	Cell Phone	Work Phone	
Employer	Employer's Address		

EMERGENCY CONTACT 2

Name <i>(First, Middle Initial, Last)</i>		Relationship to you	
Address			
City	State/Province	Country	Zip/Post Code
Home Phone	Cell Phone	Work Phone	
Employer	Employer's Address		

EDUCATIONAL BACKGROUND

ELEMENTARY / MIDDLE SCHOOL(S)

Dates Attended (YYY-YYY)	Name of Institution	City	State/Province

HIGH SCHOOL(S) – Include Three (3) OFFICIAL (OR 1 DIGITAL) TRANSCRIPTS for FINAL school listed.

Dates Attended (YYY-YYY)	Name of Institution	City	State/Province

COLLEGES OR UNIVERSITIES - Include DIGITAL/ELECTRONIC OFFICIAL TRANSCRIPT for EVERY school.

Dates Attended (YYY-YYY)	Name of Institution	City	State / Province	Degree Earned

MODERN LANGUAGE ABILITY(IES)

Is English your native language? Yes No

Please list languages besides English which you use and check the boxes appropriate to your level of proficiency.

Language	Listen	Speak	Read	Write
1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHILOSOPHY AND CLASSICAL LANGUAGE STUDIES

N.B. In keeping with the requirements of *Sapientia Christiana*, the Roman pontifical universities require a seminarian beginning theological studies to have completed a two-year course of philosophy at an approved institution. In practice, this means that, as a minimum, the seminarian is expected to have earned at least thirty (30) credit hours covering ten (10) specific areas of philosophy, including political philosophy. **If not, he is required to complete these studies before his theological studies in Rome.**

In addition, the universities require at least one (1) year each of Latin and Greek language study, which, depending on the university, may be dispensed if already completed. Please note that the Gregorian University does not accredit any previous studies of Greek or Latin. A student who does not wish to take Latin I and II and Greek I at the Gregorian must choose to test into a higher level via an equivalency exam at the University. Students who will attend Santa Croce need two semesters of Greek and four semesters of Latin, all of which can be taken at the University while a student or can be accredited from previous studies by the university. Students attending the Angelicum must have two semesters of Greek and two semesters of Latin, all of which can be taken at the University while a student or can be accredited from previous studies by the university.

Therefore, please complete the following form specifying the philosophy, Latin and Greek courses that you have already completed or will complete prior to the upcoming academic year. Include additional courses on a separate sheet if necessary. **Please also include a digital/electronic official transcript from all universities attended showing the final grades for all courses listed below, as well as a digital/electronic official high school transcript.** If completed official transcripts are not available at this time, an unofficial copy of the current transcript may be submitted with this application, but the digital/electronic official transcript must be submitted to the Coordinator of Admissions at the Pontifical North American College no later than August 1, 2024. **If a high school, college, or university does not provide digital/electronic official transcripts, then you will need to include three (3) official final transcripts from that institution.**

Please also note that if the course title on the transcript does not clearly indicate that it corresponds to the specific area of philosophy listed on this form, a course description taken from the university catalog or other official source must be submitted with the transcript.

Please contact the Coordinator of Intellectual Formation, Father James Baron (jbaron@pnac.org), with any questions.

COURSE (Please write in the actual course title and number for each area listed below.)	NAME OF INSTITUTION	NUMBER OF CREDITS	GRADE
Ancient Philosophy			
Medieval Philosophy			
Modern Philosophy			
Contemporary Philosophy			
Logic			
Ethics			
Epistemology / Philosophy of Knowledge			
Natural Theology / Philosophy of God			
Anthropology / Philosophy of the Human Person			
Metaphysics / Philosophy of Being			
Political Philosophy			
Philosophy of Nature			
Other Philosophy			
Other Philosophy			
Other Philosophy			
Latin			
Greek			

TOTAL PHILOSOPHY CREDITS _____ TOTAL SEMESTERS OF: LATIN ____ BIBLICAL GREEK ____

****Please note that all of the Pontifical Universities require the completion of a Political Philosophy credit. The *Program of Priestly Formation* also states that seminarians should study the philosophy of nature, either as a stand-alone credit or covered in another philosophy course. While the Gregorian University requires this credit be listed at application, all North American College applicants are encouraged to have this material somehow covered in a credited philosophy course. All philosophy requirements must be fulfilled prior to arriving at the College, either at one's current seminary or through an online program.****

MILITARY SERVICE

Have you ever served in the Armed Forces? Yes No

If YES, please fill out the following and submit a copy of your discharge with the application.

Branch of Service		
Dates of Service (MM/DD/YY to MM/DD/YY)	Date of Discharge (MM/DD/YY)	Rank at Discharge
Are you presently on Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently in the Reserves of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are presently on active duty or in the reserves, please give details of your service requirements.		

VOCATIONAL CONSIDERATIONS

Have you ever been engaged? Yes No

Have you ever been married? Yes No

Have you ever attempted marriage? Yes No

Are you financially or legally responsible for any minor children? Yes No

If you have answered YES to any of these four questions, please explain fully:

Is there anything in your past, which may cause someone to raise an objection to your being ordained to the priesthood?

Yes No

If YES, please comment:

Have you ever been refused admission or acceptance into any seminary, (arch)diocese, Religious Order or Community?

Have you ever been dismissed from any seminary, (arch)diocese, Religious Order or Community? Yes No

If YES to either question, please give details, including address and telephone number for contact person:

Have you ever been sponsored by a diocese or Religious Order other than your present diocese?

Yes No

If YES, please give details concerning your transfer:

Have you ever entered, even for a trial period, a Religious Order or Community of priests or brothers? Yes No

Have you ever taken vows in a Religious Order or Community? Yes No

If you answered YES to either of the above, please provide details including dates and information on the Religious Order or Community:

Have you ever been ordained for any other Church or ecclesial communion? Yes No

If YES, please give details:

Were you born into, baptized in, or raised in another Church or religious body other than the Roman Catholic Church?

Yes No

Have you ever been away from the Church for a period of time?

Yes No

Were you baptized as an infant?

Yes No

Were you baptized as a youth or adult (i.e. not at infancy)?

Yes No

If you answered YES to any of these questions please provide details – date and place and location of Baptism and Confirmation, length of time away from the Church and the circumstances of your return to the Church.

FINANCIAL RESPONSIBILITY

Who will be responsible for your tuition?

Are you currently in debt (over \$1,000)? Yes No

Have you ever defaulted on any loan(s)? Yes No

If you answered YES to either question, please provide details and distinguish between consumer debt and educational debt:

How have you handled your past financial concerns?

Do you have any responsibilities for the care of someone else's finances or material goods, such as being the executor of an estate, holding a power of attorney, or acting as a surety for another person? Yes No

Do you have anyone who is dependent financially on you? Yes No

If YES, please provide details of your responsibilities:

HEALTH-RELATED QUESTIONS:

Do you have any physical handicaps or limitations? Yes No

If YES, please describe:

Have you ever engaged in the use of "recreational" drugs? Yes No

Do you currently use recreational drugs? Yes No

Do you currently use tobacco products? Yes No

Have you ever engaged in the use of alcohol? Yes No

If you answered YES to any of these questions please indicate frequency, circumstances, duration and intensity of this use in the past and at the present:

Have you ever been treated medically or through any self-help or professional program for alcoholism, drug addiction, overeating, gambling, or other compulsive behavior? Yes No

Have you ever been, or are you now, under treatment for a nervous or psychological disorder? Yes No

Regarding immediate family members (father, mother, brothers, sisters, uncles, aunts), has anyone ever been or is now under treatment for a nervous or psychological disorder? Yes No

If you answered YES to any of these questions, please give details:

Have you ever been hospitalized for more than three days continuously? Yes No

Have you ever been involved in any serious accidents? Yes No

Are you currently taking any prescribed medication(s)? Yes No

If you answered YES to any of these questions, please provide details (including any medication(s) you are taking at the present time and the reason(s) for the prescription):

Has it ever been suspected or have you ever been diagnosed with a learning disability, ADD/ADHD or Asperger's Syndrome? Yes No

If YES, please give details:

Do you have a tattoo(s) and or other artificial body markings? Yes No

If YES, please describe number, type, location and content:

Do you have any allergies to wheat or is there any reason why you would not be able to consume the Precious Blood? Yes No

If YES, please explain:

SOCIAL LIFE

Please list some of your hobbies and/or pastimes, and describe your social life:
Please describe your use of the internet and social media. You are asked to include the following [your use of social media accounts; listing the social media sites in which you have an active account; the amount of time you spend per week on social media and other internet-based sites, i.e. YouTube, Netflix, etc.]:
Please list any skills, talents or proficiency you may have as well as any special duties you may have had at your previous seminary:

EMPLOYMENT BACKGROUND:

List the **last three** jobs you have held and indicate why you left each position:

Job Position 1	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Job Position 2	Dates (YYYY-YYYY)	Employer
Reason for Leaving:		
Job Position 3	Dates (YYYY-YYYY)	Employer
<i>Reason for Leaving:</i>		

MISCELLANEOUS QUESTIONS:

Have you ever been convicted of a misdemeanor, felony or major crime? Yes No

If YES, please explain:

Are there any other self-disclosures you would like to make in order to help the Pontifical North American College obtain a better understanding of you? Yes No

If YES, please explain:

CANONICAL STATUS:

42) The following constitute canonical impediments to ordination and could require dispensation. Please check as applicable.

- (c. 1041, 1°) Have you ever suffered from any form of incapacitating insanity or ever committed yourself to or been committed to a psychiatric facility? Yes No
- (c. 1041, 2°) Have you ever publicly abandoned the Catholic Church? Yes No
Have you publicly advocated any views contrary to the teachings of the Catholic Church? Yes No
Have you ever joined another religious body by a formal act? Yes No
- (c. 1041, 3°) Have you ever attempted a marriage (even civilly) even though you were not free to do so because of a previous marriage, a prior ordination, or a prior vow of chastity to a religious institute? Yes No
- (c. 1041, 4°) Have you ever committed voluntary homicide or ever performed a voluntary abortion or positively cooperated in the procurement of an abortion? Yes No
- (c. 1041, 5°) Have you ever mutilated yourself or another person, or have you ever attempted suicide? Yes No
- (c. 1041, 6°) Have you ever performed some act reserved to some degree of holy orders (diaconate, priesthood, episcopacy) while you lacked the order? Yes No
- (c. 1042, 1°) Are you currently bound by some marriage you contracted? Yes No

If you answered YES to any of these questions, please give details.

Signature: _____ Date: _____