

PONTIFICAL NORTH AMERICAN COLLEGE



Casa Santa Maria

APPLICATION FOR RESIDENCE Graduate Department

I. GENERAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

1. Name: _____

FirstMiddleLast
2. Present Address: _____
3. City: _____ State: _____ Zip: _____
4. Work Phone: (____) _____ 5. Cell Phone (____) _____
6. E-mail: _____
7. Date of Birth: _____ / _____ / _____

YearMonthDay
8. Place of Birth: _____

CityState / ProvinceCountry
9. Current country of citizenship: _____
10. Diocese of Incardination (or name of Religious Institute / Society of Apostolic Life): _____
11. Present Assignment: _____
12. Major Seminary Attended: _____
13. Date of Ordination to Priesthood: _____ / _____ / _____

YearMonthDay
14. Please list your parochial and/or special ministerial assignments as a priest: (Be specific as to name of parish / institution, title, city, dates, etc.)

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

Yes No

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

16. Do you have a “permesso di soggiorno” in your possession at this time? Yes No

(If “yes”, please include a copy, even if expired.)

17. 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: _____

18. Into what program or faculty do you plan to enroll?

(e.g., Canon Law, Moral Theology, Dogma, Spirituality, Philosophy, etc.)

19. 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? Yes No

(If “yes,” what is the nature of the care.)

2. Are you presently taking any prescribed medications? Yes No

(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.)? Yes No

(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? Yes No

(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? Yes No

(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: _____ / _____ / _____
Day Month Year

6. Date of expiry: _____ / _____ / _____
Day Month Year

7. Father's full name: _____
First Middle Last

8. Mother's full name: _____
First Middle Maiden

9. Do you have (a) European passport in your possession (e.g., Irish, Italian, 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: _____

