PONTIFICAL NORTH AMERICAN COLLEGE



Casa Santa Maria

APPLICATION FOR RESIDENCE Graduate Department

I. GENERAL INFORMATION

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

1. Name:		Middle	T
2. Present Address: _			Last
3. City:	Stat	e:	Zip:
4. Work Phone: (5.	Cell Phone (_)
6. E-mail:			
7. Date of Birth:	/	_/	
8. Place of Birth:	Year Month		
9. Current country of	citizenship:		
10. Diocese of Incardi	nation (or name of	of Religious Ins	titute / Society of
Apostolic Life):			
11. Present Assignmen	nt:		
12. Major Seminary A	ttended:		
13. Date of Ordination			
		Year Me	
14. Please list your p	arochial and/or	special minis	terial assignments as a

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.)

1

13.	. Ha	ve you	ever lived in	Rome or in a colle	ge or convitto in Rome?
Ye	es	No			
				plain where, when, for how lo	
16	. Do	you ha	ave a "permes	sso di soggiorno" ir	n your possession at this
tin	ne?	Yes	No	(If "yes", please inclu	ade a copy, even if expired.)
17	. Into	Alfo	nsianum	titute do you plan to Angelicum Gregorian	enroll or continue your studies Anselmo John Paul II
		Latera		Santa Croce	Teresianum
Oth	ner: _				
18.	Into	o what	program or f	aculty do you plan	to enroll?
19.			on Law, Moral The ree do you ho	eology, Dogma, Spiritualitope to attain?	ry, Philosophy, etc.)
Dip	plom	a	Masters of A	rts License	Doctorate
	Are	you pro	what is the nature	g any prescribed mo	edications? Yes No
	Do y	ou suf	fer from aller (e.g., asthma	rgies, hearing impair, chronic bronchitis	irment, mobility or breathing s, etc.)? Yes No
	alcol	holism If "yes,"	, or chemical include a brief me	dependence? Ye	health care provider indicating the
	•	-		type of diet? Ye	es No nformation about your specific require

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. Exa	act spelling of your	r NAME in	your Passpor	t	
2. Coi	untry of issue:				
3. Pas	sport number:				
4. Pla	ce of issue:				
5. Dat	te of issue:	/	/		
6. Dat	te of expiry:	/ Month	/Year		
7. Fat	her's full name:	First	Middle	Last	
8. Mo	ther's full name: _	P) (* 1 II	Maiden	
Italian	you have (a) Euro n, etc.)?	Which on f this passport pic	e(s)?		
1.	Name the person((s) to be con	tacted in case	e of emerge	ncy:
	Name:		Tel: (_)	
	Address:				
	Primary Care Phy	/sician:			
	Tel: ()				
semin	Please provide the n) and the address ary, etc. who will expenses incurred	of the spons be responsib	oring arch/di	ocese, insti	itute, society,
	Name:				
	Sponsoring Agen	cy:			
	Address:				
	City:		State:	Zip	
	E-mail:				

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.

3. **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.

Year Month Day 4.	Signature of applicant
Send completed application by FEDEX with ten (10) identical passport size photos and other related documents to:	Useful numbers for inquiries (Rome is six hours ahead of the Eastern Time Zone in the US):
Superior Casa Santa Maria Piazza della Pilota 1 00187 Rome, ITALY	Office: +39 06 6900.1819 / 1824 Fax: +39 06 6900.1823 e-mail: csm.director@pnac.org

5. 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 purposes of academic study and 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.

	/	/		
Year	Month	Day	Signature of Ordinary / Delegate	

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