

**NOTRE DAME SEMINARY
GRADUATE SCHOOL OF THEOLOGY
MASTER OF DIVINITY PROGRAM**



APPLICATION FORM

Application Form

Notre Dame Seminary

Master of Divinity Program



Do you swear to complete all information completely, honestly and truthfully? I do

PLEASE TYPE OR PRINT CLEARLY IN INK ALL INFORMATION

- Please complete all of the items on the application
- Request that **official transcripts** from high school(s) and/or college(s) attended be sent to our office. Transcripts become the permanent property of Notre Dame Seminary and cannot be returned.
- Return completed application form along with the application fee to the Rector's Office, Notre Dame Seminary, 2901 South Carrollton Avenue, New Orleans, LA 70118-4391.
- If you have any questions, call the Rector's Office (504) 866-7426 ext. 102.

Name			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Home Address			
County of Residence			
Home Telephone		SSN	
Cellular Telephone		Email	
Mailing Address <i>(if different from home)</i>			
Date of Birth		Birthplace	
Name and Address of Parish At Which You Are Registered			

UNITED STATES CITIZENSHIP

Are you a United States Citizen?	Yes	No
If no, what is your country of origin?		
Test of English as a Foreign Language (TOEFL) test results if non-native English speaker (Test results must be dated within six months of application date.)	Score:	Date Taken:
Do you have a U.S. Visa?	Yes	No
If yes, what type?		Expiration Date

Are you transferring from another U.S. college or university?		Yes	No
If yes, from what school?			
Indicate Status		<input type="checkbox"/> Non-Immigrant	<input type="checkbox"/> Permanent Resident
Alien Registration Number		A _____	
Date Status Received	Month:	Day:	Year:
Please note: A Form I-20 cannot be issued until all supporting documents have been received and you have been admitted to Notre Dame Seminary.			
RACE OR ETHNIC GROUP			
Please check the appropriate box (Federal reporting regulations for student enrollment and institutional analysis require the collection of race/ethnic information.):			
ETHNICITY – USED FOR STATISTICAL PURPOSES ONLY			
ARE YOU SPANISH/HISPANIC/LATINO? – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.		Yes	No
RACE – PLEASE IDENTIFY YOUR RACE FROM ONE OR MORE OF THE FOLLOWING CATEGORIES (YOU MAY ELECT TO SKIP THIS SELECTION OF YOU ANSWERED “YES” ABOVE):			
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.			
<input type="checkbox"/> ASIAN (not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.			
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa, including those who consider themselves “Haitian.”			
<input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER (not Hispanic or Latino) – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
<input type="checkbox"/> WHITE (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.			
<input type="checkbox"/> NON-RESIDENT ALIEN – A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely. Country of Permanent Residence _____			
<input type="checkbox"/> TWO OR MORE RACES			
AFFILIATION			
Sponsoring Diocese or Religious Community			
Address (City, State, Zip)			
Bishop or Religious Superior			
Phone Number (including area code)			
Director of Vocations			
Address (City, State, Zip)			

Phone Number (including area code)				
SACRAMENTAL/CANONICAL INFORMATION				
Baptism				
	<i>Church</i>	<i>City</i>	<i>State</i>	<i>Date</i>
Religion of Baptism				If Catholic: <input type="checkbox"/> Roman <input type="checkbox"/> Eastern (Specify):
Have you ever belonged to a Church other than the Catholic Church?	Yes		No	
If so, when?				
If you are a convert, in what parish were you fully received and initiated into the Roman Catholic faith?				
Date:				
First Communion				
	<i>Church</i>	<i>City</i>	<i>State</i>	<i>Date</i>
Confirmation				
	<i>Church</i>	<i>City</i>	<i>State</i>	<i>Date</i>
Have you been married before?	Yes	No	If yes, how many times?	
Marriage				
	<i>Church</i>	<i>City</i>	<i>State</i>	<i>Date</i>
Wife's Name <i>(Include maiden name)</i>				
	Please provide information on a separate sheet including name(s) of Church/place of marriage, city, state, proof that marriage no longer exists (i.e., death certificate, declaration of nullity), etc.			
Father's Name				
Father's Address				
Father's Religion				If Catholic: <input type="checkbox"/> Roman <input type="checkbox"/> Eastern (Specify):
Mother's Maiden Name				
Mother's Address				
Mother's Religion				If Catholic: <input type="checkbox"/> Roman <input type="checkbox"/> Eastern (Specify):

Year of College Graduation			
Undergraduate Degree Completed			
Post-Graduate Degrees			
In high school and/or college, what was your approximate grade average?	High School:	College:	
Did you study or can you speak any foreign languages?			
Did you study (circle):	Latin?	Greek?	Hebrew?
If yes, how many semesters and where?	Latin: Greek: Hebrew:		
Are you presently under suspension or dismissal for academic or disciplinary reasons from any college, university, or other formal post-high school education program?	Yes	No	
If yes, give full explanation on a separate sheet of paper and attach it to this application.			
Is your cumulative grade point average (GPA) a 2.0 (C) or higher on a 4.0 scale for all previous college work?	Yes	No	
Do you plan to enter the School of Theology as : <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year <input type="checkbox"/> 3 rd Year <input type="checkbox"/> 4 th Year			
If entering as a transfer seminarian, briefly explain the reason for transferring:			
Have you completed "Virtus: Protecting God's Children"?	Yes	No	
If yes, please provide certification.			
MEDICAL BACKGROUND			
What is the date of your last physical examination?			
Your Personal Physician			
	<i>Name</i>		
<i>Address</i>			
Physical challenges or limitations (if any)			
Serious illness (specify age when this occurred)			

Serious accidents (specify age when this occurred)				
Surgery				
Days of work/school missed last year due to illness:				
Cause:				
Height:			Weight:	
Vision:	Excellent	Good	Fair	Poor
Hearing:	Excellent	Good	Fair	Poor
Have you ever used illegal drugs of any kind?		Yes	No	
If yes, what?				
How often?				
When was this last used?				
Alcohol Consumption: Amount and Frequency				
Which of these diseases have affected you or your family in the past?				
Tuberculosis	Rheumatic Fever	Diabetes	Epilepsy	
Heart Condition	Cancer	Nervous Disorders	Other serious sickness	
If there is any history in your family of mental illness, alcoholism or drug addiction, please give details.				
Have you had any psychological testing?		Yes	No	
If yes, please explain.				
Have you had any kind of psychological counseling?		Yes	No	
If yes, please explain.				
Are you covered by medical insurance?		Yes	No	
If yes, please give details.				

FAMILY BACKGROUND

Siblings

<i>Name</i>	<i>Age</i>	<i>School/Occupation</i>	<i>Marital Status/Living at Home</i>

Do you have any close relatives in the priesthood, diaconate or religious life? If yes, please identify:

PERSONAL BACKGROUND

Were you ever in the U.S. Military Service?	Yes	No
If yes, please give specific information on a separate sheet of paper.		
Are you registered for Selective Service?	Yes	No
If yes, please give specific information on a separate sheet of paper.		
Are you currently in the reserves?	Yes	No
Have you ever been arrested?	Yes	No
If yes, please elaborate.		
Has any individual influenced you in your desire to pursue the priesthood?		
Have you discussed your decision with your family?	Yes	No
Does your decision meet with their approval?	Yes	No

What are some of the duties that a priest performs that you find appealing?

List the ways in which you have been involved in your parish.

Have you discussed the priesthood with your home pastor?	Yes	No
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EXTRACURRICULAR ACTIVITIES

Leadership (groups or situations in which you exercised leadership)

1.
2.
3.

Activities In and Out of School (music, clubs, community service)

Name of Activity	Grade(s)	Offices and Honors
1.		
2.		
3.		

School Sports Programs

Name of Sport	Grade(s)	Leadership Positions (e.g., team captain)
1.		
2.		
3.		

Evidence of Special Talents, Honors Awards

1.
2.
3.

PREVIOUS WORK EXPERIENCE

From (Month/Year)	To (Month/Year)	Job Description (be specific)

FINANCIAL INFORMATION

Please give information concerning your most recent/current employment.

Name of Employer		
Address		
Job Title and Description of Duties		
Salary		

Do you have any loans outstanding for your college education?

Yes

No

If yes, provide details on a separate sheet of paper.

Are you in debt? Please explain how you are addressing the debt.

Explain your financial obligations to family members, friends, or others. Are other people financially dependent on you?

OPTIONAL

If you feel that your high school or college performance was adversely affected by special circumstances, such as a diagnosed learning disability or other disability, divorce or death in the family, serious illness, etc., please summarize below and indicate dates when applicable.

CERTIFICATION

IMPORTANT: Read statement and sign below.

I affirm that the information which I have provided on this application form and any additional material that I submit related to the admissions process is complete, accurate, and true to the best of my knowledge. I authorize each high school and each college or school I have attended to release academic and personal information related to this admission application, upon request. I agree to submit other materials which are required for this admission application. I understand that furnishing false or incomplete information on any part of this admission application or any related materials may result in cancellation of admission.

<i>Applicant's Legal Signature</i>	<i>Date</i>

PLEASE RETURN APPLICATION FORM AND SUPPORTING DOCUMENTATION TO:

**RECTOR'S OFFICE
NOTRE DAME SEMINARY
2901 SOUTH CARROLLTON AVENUE
NEW ORLEANS, LA 70118-4391**