

Notre Dame Seminary Graduate School of Theology Priestly Formation Program



ADMISSIONS CHECKLIST for: _____ (Name of Applicant)

In order to make the application process more manageable, this page is included for your convenience to list all the items needed. Some of these are required by the Church, some for academic purposes, and others to help with your formation for priesthood. If you have questions about the forms or about the application process, you can call the Rector's Office at (504) 866-7426 ext. 102.

We will consider your application for the Priestly Formation Program only after **all** of the following materials have been received:

Date Completed

- _____ 1. Completed and signed NDS Priestly Formation Program Application
- _____ 2. Authorization for Release of Information form
- _____ 3. Autobiography (provide a narrative answering the questions on the Autobiography form)
- _____ 4. Medical form and doctor's physical examination (forms provided). Please include a copy of immunization form.
- _____ 5. Results of psychological testing, dated within 3 years of applying to NDS, including release forms (see PsychologicalAssessment Procedures packet)
- _____ 6. Letter of Recommendation of Rector of Seminary (if applicant attended a seminary)
- _____ 7. Letter of Sponsorship and Recommendation by the Superior of Religious Community with Canonical Suitability Profile Interview form (conducted by religious superior)
OR
- _____ 8. Letter of Sponsorship and Recommendation by Vocation Director with Canonical Suitability Profile Interview form (conducted by Vocation Director)
- _____ 9. Formation report from previous seminary, if applicable
- _____ 10. Sacramental record issued within the last six months noting sacraments received (original copy with a raised seal)
- _____ 11. Criminal background check
- _____ 12. Birth certificate (A copy is acceptable.)
- _____ 13. Copy of driver's license and passport (if no current passport, please apply ASAP)

- _____ 14. Two recent photographs
- _____ 15. If you have received Candidacy, or have been instituted into the Ministry of Lector and/or Acolyte, please provide documentation.
- _____ 16. If former military, copy of discharge/retirement orders (DD214)
- _____ 17. Academic data
- a. Official academic transcript from each college attended including any degree received, date of graduation, and cumulative GPA is to be sent directly from the college/university to the Registrar of Notre Dame Seminary
 - b. Documentation of military education
 - c. Results of TOEFL testing if a non-native speaker
- NOTE:*
- Unofficial transcripts can be submitted for the purpose of general information, however, official transcripts are required
 - If you have not completed your current program, you must submit a finalized copy of your academic transcript with the date of graduation, cumulative GPA, and class rank once you graduate

We recommend that you keep this page and date the items as they are completed.



Notre Dame Seminary Graduate School of Theology Priestly Formation Program

Application Form

Notre Dame Seminary Priestly Formation Program

Application Form



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 sections on this application.
- If you have any questions, call the Rector's Office (504) 866-7426 ext. 102.
- 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.
- Request that **official transcripts** from the college(s) attended be sent directly to our Registrar's office. Transcripts become the permanent property of Notre Dame Seminary and cannot be returned.

Name: _____
Last, First, Middle

Home Address: _____
Street Address (with Apt. No., if applicable) City, State, Zip Code

Mailing Address: If different than home address. _____
P.O. Box or Street Address (with Apt. No., if applicable) City, State, Zip Code

Telephone Number: _____ Social Security Number: _____

Personal Email Address: _____

Date of Birth _____ Birthplace: _____
Month/Date/Year City/State or City/Country

Do you have a valid Passport? ☐ Yes ☐ No Passport Number: _____
If you do not have a valid passport, you should apply for one as you will need a passport to go on the mission trip in T1.

Sponsoring Diocese or Religious Community: _____

Level of entrance to NDS: Select one.
☐ Propaedeutic ☐ Pre-Theo 1 ☐ Pre-Theo 2 ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year

UNITED STATES CITIZENSHIP

Are you a United States Citizen?

☐ Yes (If Yes, go to Race or Ethnic Group the top of pg. 3)

☐ No If No, what is your country of origin? _____

Test of English as a Foreign Language (TOEFL) test results if non-native English speaker (Please include test results which must be dated within six months of application date.)

Score: _____ Date of Test: _____

Do you have a U.S. Visa? ☐ Yes ☐ No If yes, what type? _____ Expiration Date: _____
Month/Day/Year

Indicate Status ☐ Non-Immigrant ☐ Permanent Resident

Alien Registration Number: A _____ Date Status Received: _____
Month/Day/Year

Are you transferring from another U.S. college or university? ☐ Yes ☐ No

If yes, from what institution? _____

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):

☐ **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.

☐ **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.

☐ **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.”

☐ **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.

☐ **WHITE (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **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.

Indicate country of permanent residence if non-resident alien: _____

☐ **TWO OR MORE RACES (PLEASE LIST):** _____

EDUCATION

Have you ever been refused admission to a college or a college-level seminary? ☐ Yes ☐ No

If yes, explain briefly:

Have you been in seminary before? ☐ Yes ☐ No

If yes, explain briefly:

Have you ever been dismissed from a seminary? ☐ Yes ☐ No If yes, explain on a separate sheet.

Elementary School(s) Attended:

Name of School	City and State	Dates Attended
Name of School	City and State	Dates Attended
Name of School	City and State	Dates Attended

If you did not attend Catholic schools, please indicate where you attended religious education.

Name of School, City and State

High School(s) Attended:

<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended</i>

Year of High School Graduation _____

If you did not attend Catholic schools, please indicate where you attended religious education.

Name of School, City and State

College(s)/University(ies) Attended:

<i>Name of College</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of College</i>	<i>City and State</i>	<i>Dates Attended</i>
<i>Name of College</i>	<i>City and State</i>	<i>Dates Attended</i>

Year of College Graduation: _____ Degree: _____ Major: _____

Year Graduate Degree Received: _____ Degree: _____ Major: _____

Post - Graduate Degrees: _____

What was your grade-point average in college? _____

Please indicate if you studied any of the following languages and for how long?

☐ Latin _____ ☐ Greek _____ ☐ Hebrew _____

Please list any other languages you speak or have studied: _____

Have you been diagnosed with a learning disability? ☐ Yes ☐ No ☐ I prefer not to say.

If yes, please list your disability.

FINANCIAL INFORMATION

Do you have any loans outstanding from your college education? ☐ Yes ☐ No

If yes, are you currently repaying these loans? ☐ Yes ☐ No

Are you in debt? ☐ Yes ☐ No *If yes, briefly explain how you are addressing the debt.*

MILITARY SERVICE

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

SACRAMENTAL / CANONICAL INFORMATION

Baptism: _____
Name of Church City, State Date of Baptism

Religion of Baptism: _____ If Catholic: ☐ Roman ☐ Eastern (Specify): _____

Have you ever belonged to a church other than the Catholic Church? ☐ Yes ☐ No

If so, which church and when? _____

If you came into full communion, in what parish were you fully received into the Roman Catholic faith?

Name of Parish: _____ Date: _____

Confirmation: _____
Name of Church City, State Date of Confirmation

Have you ever been married? ☐ Yes If yes, how many times? _____ ☐ No If no, go to "Family Information" section.

Wife's/Wives' Name(s): _____
First / Middle / Maiden

On a separate sheet of paper, please provide: the name of the Church or place of marriage, the city and state in which the marriage took place, proof that the marriage no longer exists (i.e., death certificate, declaration of nullity, etc.)

FAMILY INFORMATION

Father's Name: _____ Living? ☐ Yes ☐ No
Last, First, Middle

Father's Religion: _____ If Catholic: ☐ Roman ☐ Eastern (Specify): _____

Father's Address: _____
Street City/State/Zip

Mother's Name: _____ Living? ☐ Yes ☐ No
Last, First, Middle, Maiden

Mother's Religion: _____ If Catholic: ☐ Roman ☐ Eastern (Specify): _____

Mother's Address: _____
Street City/State/Zip

FAMILY BACKGROUND

Please list your sibling(s), including their age, school or occupation, living at home/marital status:

If more space is needed, please use a separate sheet of paper.

Name	Age	School/Occupation	Living at home/Marital Status
Name	Age	School/Occupation	Living at home/Marital Status
Name	Age	School/Occupation	Living at home/Marital Status
Name	Age	School/Occupation	Living at home/Marital Status
Name	Age	School/Occupation	Living at home/Marital Status
Name	Age	School/Occupation	Living at home/Marital Status

Do you have any close relatives in the priesthood, diaconate or religious life? ☐ Yes ☐ No

If yes, please list:

LIFESTYLE / BACKGROUND

Have you ever been unable to participate in physical education or participate in sports because of your health?

☐ Yes ☐ No If yes, please explain: _____

Do you exercise? ☐ Yes ☐ No If yes, how often? _____

Do you smoke cigarettes? ☐ Yes ☐ No If yes, how much? _____

Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, how much/often? _____

Have you ever used illegal drugs of any kind? ☐ Yes ☐ No

If yes, what illegal drugs have you used? _____

How often? _____ **When was the last time you used?** _____

If there is any history in your family of mental illness, alcoholism or drug addiction, please explain: _____

Have you had alcohol or drug abuse treatment? ☐ Yes ☐ No If yes, please explain: _____

Have you had any psychological testing other than for entrance into seminary? ☐ Yes ☐ No *If yes, please explain.*

Have you had any kind of psychological counseling? ☐ Yes ☐ No

If yes, please explain. Did (Do) you require medication as a result? _____

Have you been diagnosed with any emotional conditions? ☐ Yes ☐ No If yes, please explain: _____

Have you ever been arrested? ☐ Yes ☐ No If yes, please explain: _____

PREVIOUS WORK EXPERIENCE

Job Description (be specific)

Dates worked month/year to month/year

Job Description (be specific)

Dates worked month/year to month/year

Job Description (be specific)

Dates worked month/year to month/year

CERTIFICATION

IMPORTANT: Read statement and sign below. *Once completed, save, print, and sign before submitting paper forms.*

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 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.

Applicant's Legal Signature

Date

Please submit all application documents (except transcripts) to:

**Rector's Office
Notre Dame Seminary
2901 South Carrollton Avenue
New Orleans, LA 70118-4391**

Please send official transcripts from all previous institutions directly to:

**Registrar's Office
Notre Dame Seminary
2901 South Carrollton Avenue
New Orleans, LA 70118-4391**



Authorization for Release of Information

(Psychotherapy/Psychological/Psychiatric Notes/Records/Reports, Medical Records,
Learning Conditions, Transcripts, Academic Records)

Confidentiality of records is very important to the applicant/seminarian and to Notre Dame Seminary.

In order to insure this confidentiality with respect to information related to the medical care, psychological counseling/testing/psychiatric/learning disability care a seminarian engages in, as well as his application and academic records during his years of seminary formation, it is important to clearly define who will have access to which records.

I, _____, give my permission for the following people to have access to the documentation described above:

My (Arch)Bishop/Religious Superior, the Rector, Vocation Director, Director of Seminarians, Seminary Counselors, Academic Dean and my sponsoring (arch)diocese or religious community, during my stay at Notre Dame Seminary. Anyone not named above will require a signed release by me.

The sole purpose for granting permission to access my records is to aide my vocational discernment and personal growth. The rector and seminarian will determine which formation personnel should have access to information in order that priestly formation can be embraced in freedom.

This authorization will remain valid from the date of my signature below until I am no longer registered at Notre Dame Seminary.

I acknowledge that I have the right to revoke this authorization at any time, in writing, by sending written notification to the person or organization authorized to release the identified information. However, I understand that any actions already taken in reliance on this authorization cannot be reversed and my revocation will not affect these actions. I understand that to the extent that the information authorized to be released herein relates or refers to mental health records of substance/alcohol abuse, HIV/AIDS, genetic information and/or academic issues, medical and learning issues, this authorization specifically permits release of such information. I understand that the information to be release may contain confidential information protected by State statute, and that State regulations limit the right of persons receiving it to make any disclosure of this information other than that authorized herein without my prior written consent.

The persons, organizations, employees and officers thereof are released from any legal responsibility or liability for disclosure of the information described to the extent indicated and authorized therein.

Any facsimile, copy or photocopy of this authorization shall authorize you to release the information described therein.

I certify that I have reviewed this form and that I fully understand its contents. The authorization as described in the document pertains to Notre Dame Seminary only.

Name of Seminarian: _____

Signature of Seminarian: _____

Date: _____



AUTOBIOGRAPHY

Please complete in narrative form (i.e., don't just answer the questions).

FAMILY

- 1) Describe your relationship with your family (parents, siblings, extended family) when growing up. Include significant life events (divorce, death, abuse, drug usage, neglect) and how these events impacted you.
- 2) Are both of your parents Roman Catholic? In addition to Sunday Mass, did your family have any consistent devotional practices (e.g., family rosary, meal prayers, etc.)?
- 3) From the time you were born until you graduated from high school, did your family live in the same home or move from place to place? In that same time period, did your family experience any significant difficulties or problems?
- 4) Describe your current relationship with your mother and father. Include your parents' attitudes toward education, religion, and priestly ministry.

EDUCATION AND EMPLOYMENT

- 1) During high school, in what extracurricular activities did you participate? Did you receive any honors or awards?
- 2) What were the most difficult courses for you in high school/college? What do you anticipate will be the difficult courses for you if accepted into the seminary?
- 3) What were the significant employment positions you have held? Have you ever been disciplined or fired from a job? If so, please explain.
- 4) Considering your employment thus far, what has been your experience in dealing with those placed in authority over you and in your exercise of authority and responsibility?

PERSONAL AND SOCIAL HEALTH

- 1) Do you routinely experience any health problems? Do you regularly participate in any type of athletics or leisure sports?
- 2) Do people look upon you as a person of general emotional stability? What are the most significant positive and negative qualities of your personality?
- 3) Describe your usage of the Internet, social media, cell phones, and video gaming. Are you able to be detached from technology? Would you describe your attachment to electronic devices as an addiction?

PERSONAL FAITH AND RELIGION

- 1) Have you participated in any concentrated religious program such as TEC, Cursillo, extended retreat, etc.?

- 2) Describe the prayer experience you find most meaningful (*e.g.*, reciting written prayers, meditating, *Lectio divina*, rosary, *etc.*). How much of the Liturgy of the Hours do you pray?
- 3) What is your experience of Church at the parish level (parish activities, ministries in your home parish)?
- 4) In addition to the sacramental dimension of religion, what role do you feel the Church should play in the world?

VOCATION AND PASTORAL ABILITIES

- 1) For how long have you thought about being a priest?
- 2) Please describe a priest who has been a role model for you.
- 3) Priests must be leaders. How do you see yourself exercising authority?
- 4) Priests are called upon to be good communicators. Do you possess skills such as being a good listener or a motivator of others?
- 5) Priests are called upon to be leaders of the total community. Is there any group with whom you would find difficulty working? What groups with whom are you most comfortable working?
- 6) Priests are called upon to be self-disciplined. Can you stick to a project until it is completed and forego personal pleasure to accomplish a task for the common good of others?
- 7) Priests must be courageous. Are you a person of conviction able to challenge others?
- 8) What attracts you the most to priesthood?
- 9) What do you anticipate might be the most challenging experience in the seminary formation program?
- 10) Describe what celibacy means to you. Describe why you feel the Lord may be giving you the gift of chaste celibacy.

CONCLUSION

Reflect on why you are answering the call to seminary studies. How do you see yourself growing within a community of men who are preparing for the priesthood? How do you see yourself contributing to the seminary? If there is any other important area or personal information you would like to include in your autobiography that would be beneficial for your formator to know about you, please feel free to do so.



Notre Dame Seminary Graduate School of Theology Priestly Formation Program

Medical Form

Medical Form

Notre Dame Seminary

Priestly Formation Program



The applicant must provide this information for admission to Notre Dame Seminary. Enrollment will be postponed until all necessary immunizations are brought up to date and this entire form is completed.

Name: _____
Last, First, Middle

Address: _____
Street address City, State, Zip

Date of Birth: _____

Do you currently have health insurance? ☐ Yes ☐ No

If yes, please complete the following information:

Insurance Company Name: _____

Policy Number: _____ **Group Number:** _____

Policy Holder's Name: _____ **Relationship to you:** _____

In case of emergency, whom should we notify?

Name: _____ **Relationship:** _____

Address: _____
Street City, State Zip

Telephone: _____

When was your last physical examination? _____

Who is your physician? _____

Please indicate any physical challenges or limitations; serious illnesses or accidents and your age when it occurred:

Please indicate if you had any of the following:

Chicken Pox ☐ Yes ☐ No
 Diphtheria ☐ Yes ☐ No
 Rubella (3-day or German) ☐ Yes ☐ No
 Rubeola (Measles) ☐ Yes ☐ No
 Mumps ☐ Yes ☐ No
 Polio ☐ Yes ☐ No
 Whooping Cough ☐ Yes ☐ No
 Tuberculosis ☐ Yes ☐ No
 Kidney Stones ☐ Yes ☐ No

Epilepsy ☐ Yes ☐ No
 Heart Disease ☐ Yes ☐ No
 High Blood Pressure ☐ Yes ☐ No
 High Cholesterol ☐ Yes ☐ No
 Irritable Bowel Syndrome ☐ Yes ☐ No
 Crohn's Disease ☐ Yes ☐ No
 Colitis ☐ Yes ☐ No
 Hepatitis ☐ Yes ☐ No
 Allergies ☐ Yes ☐ No

Additional Illnesses and/or surgeries to date:

PHYSICAL EXAMINATION TO BE COMPLETED AND SIGNED BY PHYSICIAN

INSTRUCTIONS: Please have your physician complete the following sections and sign the bottom of next page. You may attach a separate sheet to this packet listing your immunizations or a written dissent.

PHYSICAL EXAM

Check Each Item in Proper Column	Normal	Abnormal	Give details of each abnormality.
Head, neck, face, and scalp			
Nose and sinuses			
Mouth, teeth, gingiva, and throat			
Ears – acuity, canals, drums			
Eyes – acuity, lids, pupils, motions			
Lungs and chest			
Heart			
Vascular system (include varicosities)			
Abdomen and viscera (include hernia)			
Anal-rectal and pilonidal			
Endocrine system			
Male genitalia/urinary system			
Upper extremities			
Lower extremities (include feet)			
Spine, other muscular-skeletal			
Skin and lymphatics			
Neurological system			
Other:			

REQUIRED TESTING

Please attach to this completed form the results of the blood analysis INCLUDING Chromosome Analysis verifying biological maleness, HIV and drug testing.

IMMUNIZATIONS (complete and/or attach immunization record)

Meningitis/Hepatitis B Disclosure (*Louisiana Law demands disclosure of status of these immunizations for all resident students.*)

Meningococcal vaccine received: Yes _____ Date: _____ No: _____

Hepatitis B vaccine received: Yes _____ Date: _____ No: _____

Verify immunizations meet Louisiana requirements

☐ Tetanus/Diphtheria or tDap (booster every 10 years) ☐ Polio (series of 3) ☐ MMR (2 injections after age of 12 months)

Indicate reason if the seminarian has a medical condition that prevents vaccination of any of the above.

Every seminarian is required to maintain a program of physical fitness. *Please check one*

This seminarian _____ may or _____ may not participate in a program of physical fitness, which may include such sports as football, basketball, soccer, swimming, weight lifting, tennis, handball, bowling, and karate, or any other strenuous sport. If not, explain in full:

Physician's Signature

Date

Physician's Name: _____

Phone Number: _____

Street Address: _____

City, State, Zip: _____



Notre Dame Seminary Graduate School of Theology Priestly Formation Program

Psychological Assessment Procedures

Notre Dame Seminary Graduate School of Theology Priestly Formation Program



To the Applicant:

The *Program of Priestly Formation* promulgated by the United States Conference of Catholic Bishops requires that all seminary applicants receive a psychological assessment. Each seminary designates specific diagnostic procedures for applicants, and the results of an applicant's psychological assessment can be used for decisions about a candidate's admission and for ongoing assistance during a seminarian's formation.

At Notre Dame Seminary, the formation process is designed very carefully to help each seminarian to prepare for a life of ministry as a priest. An essential component of that process is the individual seminarian's growth. We want you to gain from the assessment a clearer understanding of your strengths as well as those areas where growth is needed. In the part of your seminary life called "Human Formation," you will work directly with a formation advisor on a plan of personal development; in that context, in spiritual direction, or in confidential counseling, you can consider the information which this assessment yields as you continue to discern God's call in your life.

The procedures for the psychological assessment follow:

1. Please read all sections of this form, including the parts addressed to other people, so you will be aware of what happens at each step.
2. Fill out the three official "Release of Information" forms. These are required by law if the seminary is to receive a copy of your assessment results. One is to go to your Director of Vocations or Religious Superior, one to the psychologist who administers your assessment, and one is to be returned to Notre Dame Seminary.
3. Your Director of Vocations or Religious Superior will select a psychologist who will conduct the evaluation, usually someone in your home diocese. Since these reports take time to complete, please contact the psychologist promptly.
4. Ask your Director of Vocations or Religious Superior to complete the "Director of Vocations" form. This form is to be sent to the testing psychologist with the "Psychologist – Release of Information" form.
5. Give the "Psychologist" form and "Psychologist – Release of Information" form to the psychologist and ask him or her to follow the procedures outlined.

Thank you for your cooperation.

Notre Dame Seminary

Graduate School of Theology

Priestly Formation Program



PERMISSION TO RELEASE INFORMATION

The applicant should give this form to the TESTING PSYCHOLOGIST.

I, the undersigned, hereby authorize the release of the results of my psychological assessment to the persons listed below only. I understand that the information is kept under security and used to aid me in my vocational discernment and personal growth.

1. The Bishop of my diocese or Religious Superior.
2. The Director of Vocations of my diocese or religious order.
3. The Rector-President of Notre Dame Seminary.
4. Select Admissions Committee Faculty of Notre Dame Seminary.
5. Licensed Counselors, Psychologists, and Psychiatrists of Notre Dame Seminary's Counseling Services.

Duration of Authorization

The duration shall remain from the date hereof until advised in writing by me of its revocation or the full duration of time allowed by law, whichever occurs first.

Copy In Lieu of Original

A copy or fax of the original authorization shall have the same force and effect as the original.

Unlawful Disclosure Prohibited

Federal law prohibits any health care provider from releasing any health care information about a patient to another person without the consent of the patient. I hereby request my provider to provide full and complete information to the above listed persons and specifically waive any "minimally necessary" limitations of HIPPA.

Information Regarding the Diagnosis/Treatment of HIV

I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give specific authorization for these records to be released in addition to any other requested material from my records.

To be completed by the Applicant

Today's Date		Social Security Number	
Name (please print)			
Home Address			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Applicant's Signature			
Witness Signature			

Applicant is to give this sheet to the TESTING PSYCHOLOGIST. Thank you.

Notre Dame Seminary

Graduate School of Theology

Priestly Formation Program



PERMISSION TO RELEASE INFORMATION

The applicant should give this form to the **DIRECTOR OF VOCATIONS**.

I, the undersigned, hereby authorize the release of the results of my psychological assessment to the persons listed below only. I understand that the information is kept under security and used to aid me in my vocational discernment and personal growth.

1. The Bishop of my diocese or Religious Superior.
2. The Director of Vocations of my diocese or religious order.
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To be completed by the Applicant

Today's Date		Social Security Number	
Name (please print)			
Home Address			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Applicant's Signature			
Witness Signature			

Applicant is to provide this sheet to the DIRECTOR OF VOCATIONS. Thank you.

Notre Dame Seminary

Graduate School of Theology

Priestly Formation Program



PERMISSION TO RELEASE INFORMATION

The applicant should return this form to: **OFFICE OF THE RECTOR
NOTRE DAME SEMINARY
2901 SOUTH CARROLLTON AVENUE
NEW ORLEANS, LA 70118-4391**

I, the undersigned, hereby authorize the release of the results of my psychological assessment to the persons listed below only. I understand that the information is kept under security and used to aid me in my vocational discernment and personal growth.

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4. Select Admissions Committee Faculty of Notre Dame Seminary.
5. Licensed Counselors, Psychologists, and Psychiatrists of Notre Dame Seminary's Counseling Services.

Duration of Authorization

The duration shall remain from the date hereof until advised in writing by me of its revocation or the full duration of time allowed by law, whichever occurs first.

Copy In Lieu of Original

A copy or fax of the original authorization shall have the same force and effect as the original.

Unlawful Disclosure Prohibited

Federal law prohibits any health care provider from releasing any health care information about a patient to another person without the consent of the patient. I hereby request my provider to provide full and complete information to the above listed persons and specifically waive any "minimally necessary" limitations of HIPPA.

Information Regarding the Diagnosis/Treatment of HIV

I understand that my records may contain information regarding the diagnosis or treatment of HIV (AIDS virus), other sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment. I give specific authorization for these records to be released in addition to any other requested material from my records.

To be completed by the Applicant

Today's Date		Social Security Number	
Name (please print)			
Home Address			
	<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Applicant's Signature			
Witness Signature			

Applicant is to return this sheet to NOTRE DAME SEMINARY. Thank you.

Notre Dame Seminary

Graduate School of Theology

Priestly Formation Program



TO THE DIRECTOR OF VOCATIONS

The results of the psychological assessment required by Notre Dame Seminary are not limited solely to the admissions process but are very useful for academic planning and as a growth tool for each student's self-awareness and self-evaluation. The psychological testing must be dated within 3 years of applying to NDS.

After the applicant has completed and signed the "Permission to Release Information" form, please complete the information requested below. He is instructed to give this form to the testing psychologist/psychiatrist who will then know which instruments need to be administered in the testing. Thank you for your help.

Name of Psychologist Selected

Address

Telephone

EVALUATIVE PROCEDURES

1. Clinical Interview with the applicant.* (see Clinical Interview in number II on enclosed sheet)
2. MMPI-2
3. **One** of the following projective techniques:
 - Rorschach Ink Blot Test
 - Draw-A-Person Test
 - Incomplete Sentences Blank
 - MCMI-III
4. **One** of the following tests of normal personality traits:
 - Edwards Personal Preference Schedule
 - 16 P-F
 - Personal Orientation Inventory
5. The results are explained to him in a face-to-face session with the psychologist/psychiatrist.

Notre Dame Seminary

Graduate School of Theology

Priestly Formation Program



TO THE PSYCHOLOGIST

- I. Unless otherwise instructed by the diocese of the applicant, please follow each of the procedures listed below. For applicants who lack full facility with the English language, please use the alternative language testing procedures you feel are appropriate.

EVALUATIVE PROCEDURES

1. Clinical Interview with the applicant. *
2. MMPI-2
3. **One** of the following projective techniques:
 - Rorschach Ink Blot Test
 - Draw-A-Person Test
 - Incomplete Sentences Blank
 - MCMI-III
4. **One** of the following tests of normal personality traits:
 - Edwards Personal Preference Schedule
 - 16 P-F
 - Personal Orientation Inventory
5. The results are explained to him in a face-to-face session with the psychologist/psychiatrist.

- II. *Clinical Interview: Please be sure to include the following:

- A. Interpersonal Development
 - Relation with Authority
 - Outlook on Women/Men
 - Inward/Outward Social Skills
 - Self-Esteem
 - Coping Mechanisms
 - Previous Counseling
 - Sufficient Human Growth
 - Friendships
 - General Physical Health
- B. Emotional Health
 - History of Anxiety or Depression
 - Impulse Control
 - Addictive Behaviors
 - Ability to Deal With Anger

C. Familial History

- Family Unit: Dysfunctions
- Customs/Traditions
- Style of Discipline: Verbal/Physical Abuse
- Current Relationships
- Family's Disposition to Applicant's Potential Vocation to Priesthood

D. Sexual History

- Dating History
- Sexual Orientation
- Sexual Relationships and Experiences
- Sexual Abuse by Others to Self
- Sexual Abuse to Others by Self
- Self-Indulgences: Pornography, Masturbation, Internet Cybersex, etc.

E. Present Disposition Toward Chaste Celibacy

- Social Maturity
- Use of Drugs/Alcohol
- Gambling
- Indulgences: Food, Smoking, Caffeine
- Hobbies/Talents

III. Finally, please provide two copies, each accompanied by a copy of the signed release form:

- One by mail to the Director of Vocations who referred the applicant to you.
- One by mail to the seminary at:

**Office of the Rector
Notre Dame Seminary
2901 South Carrollton Avenue
New Orleans, LA 70118-4391**



Notre Dame Seminary Priestly Formation Program LETTER RECOMMENDATION BY THE RECTOR OF THE SEMINARY

Dear Rector:

_____ is submitting an application to attend Notre Dame Seminary.

Please share knowledge of the seminarian who is submitting his application for admission to the Priestly Formation Program. Your assessment of him will be helpful to us in considering his application and in assisting his formation if he attends this seminary.

In your letter of recommendation, please include the following topics:

1. How long was the seminarian enrolled in your seminary?
2. Please describe his cooperation with the formation program.
3. If his final evaluation does not include the following information, please discuss the applicant's strengths and weaknesses and your general evaluation of him in all of the following areas in which you can describe the applicant:
 - a) Human qualities (e.g. emotional stability, responsibility, leadership ability);
 - b) Social qualities (e.g. cooperation in diocesan/parish activities, interpersonal relationship with peers and authority figures, ability to live seminary community life);
 - c) Spiritual qualities (e.g. faith, prayer, liturgy, openness to spiritual growth).
 - d) Ministerial aptitude: In what ways has the applicant served in the Church and the impact of his contributions?
 - e) Your evaluation of him regarding his capacity to live out the promises of prayer, obedience and chaste celibacy.

Thank you for offering your time and assistance. Your letter will be shared with the Admissions Committee.



Notre Dame Seminary Priestly Formation Program LETTER OF SPONSORSHIP AND RECOMMENDATION BY THE SUPERIOR OR RELIGIOUS COMMUNITY

Dear Religious Superior:

Thank you for your trust in the priestly formation at Notre Dame Seminary.

Please share knowledge of your seminarian who is submitting his application for admission to the Priestly Formation Program. Your assessment of him will be helpful to us in considering his application and in assisting his formation if he attends this seminary.

In your letter of recommendation, please include the following topics:

1. What is the applicant's family background (e.g. relationship with parents, brothers, sisters) and any significant issues and their affects upon the applicant?
2. Please discuss the applicant's strengths and weaknesses and your general evaluation of him in all of the following areas in which you can describe the applicant:
 - a) Human qualities (e.g. emotional stability, responsibility, leadership ability);
 - b) Social qualities (e.g. cooperation in diocesan/parish activities, interpersonal relationship with peers and authority figures, ability to live seminary community life);
 - c) Spiritual qualities (e.g. faith, prayer, liturgy, openness to spiritual growth).
 - d) Ministerial aptitude: In what ways has the applicant served in the Church and the impact of his contributions?
3. Your evaluation of him regarding his capacity to live out the promises of prayer, obedience and chaste celibacy.
4. Please complete the Canonical Suitability form with the applicant and include it with your letter.

Thank you for offering your time and assistance. Your letter will be shared with the Admissions Committee.

Canonical Suitability Profile Interview Notre Dame Seminary



PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

Applicant's Name

Address

City, State, Zip Code

Phone

Vocation Director

Date of Interview

The Vocation Director is to complete this form after interviewing the applicant, receiving the results of the psychological examination, reviewing the recommendation forms, and evaluating all materials from the application process.

APPLICANT REQUISITES (Please check the appropriate response.)

Maturity and Faith Development

Yes

No

1. The Church will only promote to Sacred Orders men who have sound faith, are motivated by right intention, are endowed with the requisite knowledge, enjoy a good reputation, who have moral probity, proven virtue, and physical and psychological qualities appropriate for ordained ministry (*cf.* CIC 1029). **To the best of your knowledge, does the applicant possess these qualities?**

Yes

No

2. The applicant must be able to demonstrate human and evangelical virtues necessary for ordained ministry. The spirituality of service implies a person's ability to offer a selfless contribution to the mission of the Church. **To the best of your knowledge, does the applicant possess these qualities?**

Yes	No	3. Candidates for seminary formation must be active members of the Christian community as leaders and motivators of ministry. It is presumed that the applicant will enjoy a good reputation among the faithful and be seen as a man of faith and prayer. To the best of your knowledge, does the applicant enjoy a good reputation?
Yes	No	4. To the best of your knowledge, is the applicant properly motivated, and does he give evidence of an overall personal balance and moral character? He should be a frequent participant in adult faith enrichment opportunities (e.g., retreats, days of reflection, spiritual direction, study of scripture and Church teachings).
Yes	No	5. To the best of your knowledge, is the applicant loyal to the teachings of the Church, the sacred liturgy, Tradition and Scripture, and has he cultivated a spirituality of service desirable in the clergy?
Proper Standing and Stability (Please indicate “yes” or “no” if the inquirer is in conformity with the standard or norm.)		
Yes	No	6. Three years should elapse between a catechumen’s or candidate’s initiation into the Church or a returning Catholic’s reconciliation to the Church before his application to the seminary formation program can be reviewed. Care must also be given to someone in whom a sudden conversion experience seems to precipitate a priestly vocation. Has the applicant been a practicing Catholic for at least three years?
Yes	No	7. An applicant should be able to demonstrate a stable and mature life of chastity and understand the gift of celibacy. His lifestyle shall not be in contradiction to the Christian faith and the moral teachings of the Church. To the best of your knowledge, has the applicant demonstrated a chaste celibate lifestyle?
Yes	No	8. An applicant whose marriage has been annulled should be screened carefully to ascertain if and how previous obstacles to a marriage commitment might affect his viability as a candidate for Holy Orders. An extended period of time should elapse before an applicant is accepted into the priestly formation program. To the best of your knowledge, has the applicant lived a stable, chaste lifestyle since the divorce/annulment?
Yes	No	9. Several years should elapse before a widower is nominated to the priestly formation program. The applicant will need to demonstrate his understanding of chastity and celibacy if he is to pursue the priesthood. To the best of your knowledge, has the widower lived a stable, chaste lifestyle?
Irregularities/Impediments to the Reception of Holy Orders (Please indicate “yes” if the inquirer is free from all irregularities and impediments or “no” if he is not free from these irregularities and impediments.)		

Yes	No	10. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who labors under some form of insanity or other psychic defect due to which, after consultation with experts, he is judged incapable of rightly carrying out the ministry. To the best of your knowledge, is the applicant free of this impediment/irregularity?
Yes	No	11. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who has committed the delict of apostasy, heresy, or schism. To the best of your knowledge, is the applicant free of this impediment/irregularity?
Yes	No	12. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who has attempted marriage, even a civil one, either while he was impeded from entering marriage due to an existing matrimonial bond, sacred orders or a public perpetual vow of chastity, or with a woman bound by a valid marriage or by the same type of vow. To the best of your knowledge, is the applicant free of this impediment/irregularity?
Yes	No	13. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who has committed voluntary homicide or who has procured an effective abortion and all persons who positively cooperated in either. To the best of your knowledge, is the applicant free of this impediment/irregularity?
Yes	No	14. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who has seriously and maliciously mutilated himself or another person or a person who has attempted suicide. To the best of your knowledge, is the applicant free of this impediment/irregularity?
Yes	No	15. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who has performed an act of orders which has been reserved to those who are in the order of episcopacy or presbyterate while the person either lacked that order or had been forbidden its exercise by some declared or inflicted canonical penalty. To the best of your knowledge, is the applicant free of this impediment/irregularity?
Yes	No	16. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who holds office or position of administration which could be a source of scandal to the faithful. To the best of your knowledge, is the applicant free of this impediment/irregularity?

Religious Superior _____

Date _____

SEAL/STAMP



Notre Dame Seminary Priestly Formation Program LETTER OF SPONSORSHIP AND RECOMMENDATION BY THE DIRECTOR OF VOCATIONS

Dear Vocation Director:

Thank you for your trust in the priestly formation at Notre Dame Seminary.

Please share knowledge of your seminarian who is submitting his application for admission to the Priestly Formation Program. Your assessment of him will be helpful to us in considering his application and in assisting his formation if he attends this seminary.

In your letter of recommendation, please include the following topics:

1. What is the applicant's family background (e.g. relationship with parents, brothers, sisters) and any significant issues and their affects upon the applicant?
2. Please discuss the applicant's strengths and weaknesses and your general evaluation of him in all of the following areas in which you can describe the applicant:
 - a) Human qualities (e.g. emotional stability, responsibility, leadership ability);
 - b) Social qualities (e.g. cooperation in diocesan/parish activities, interpersonal relationship with peers and authority figures, ability to live seminary community life);
 - c) Spiritual qualities (e.g. faith, prayer, liturgy, openness to spiritual growth).
 - d) Ministerial aptitude: In what ways has the applicant served in the Church and the impact of his contributions?
3. Your evaluation of him regarding his capacity to live out the promises of prayer, obedience and chaste celibacy.
4. Please summarize all recommendation letters (family members, friends, and pastor) you have received, or provide copies of the letters.
5. Please complete the Canonical Suitability form with the applicant and include it with your letter.

Thank you for offering your time and assistance. Your letter will be shared with the Admissions Committee.

Canonical Suitability Profile Interview Notre Dame Seminary



PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

Applicant's Name

Address

City, State, Zip Code

Phone

Vocation Director

Date of Interview

The Vocation Director is to complete this form after interviewing the applicant, receiving the results of the psychological examination, reviewing the recommendation forms, and evaluating all materials from the application process.

APPLICANT REQUISITES (Please check the appropriate response.)

Maturity and Faith Development

Yes

No

1. The Church will only promote to Sacred Orders men who have sound faith, are motivated by right intention, are endowed with the requisite knowledge, enjoy a good reputation, who have moral probity, proven virtue, and physical and psychological qualities appropriate for ordained ministry (*cf.* CIC 1029). **To the best of your knowledge, does the applicant possess these qualities?**

Yes

No

2. The applicant must be able to demonstrate human and evangelical virtues necessary for ordained ministry. The spirituality of service implies a person's ability to offer a selfless contribution to the mission of the Church. **To the best of your knowledge, does the applicant possess these qualities?**

Yes	No	3. Candidates for seminary formation must be active members of the Christian community as leaders and motivators of ministry. It is presumed that the applicant will enjoy a good reputation among the faithful and be seen as a man of faith and prayer. To the best of your knowledge, does the applicant enjoy a good reputation?
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Yes	No	5. To the best of your knowledge, is the applicant loyal to the teachings of the Church, the sacred liturgy, Tradition and Scripture, and has he cultivated a spirituality of service desirable in the clergy?
Proper Standing and Stability (Please indicate “yes” or “no” if the inquirer is in conformity with the standard or norm.)		
Yes	No	6. Three years should elapse between a catechumen’s or candidate’s initiation into the Church or a returning Catholic’s reconciliation to the Church before his application to the seminary formation program can be reviewed. Care must also be given to someone in whom a sudden conversion experience seems to precipitate a priestly vocation. Has the applicant been a practicing Catholic for at least three years?
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Yes	No	8. An applicant whose marriage has been annulled should be screened carefully to ascertain if and how previous obstacles to a marriage commitment might affect his viability as a candidate for Holy Orders. An extended period of time should elapse before an applicant is accepted into the priestly formation program. To the best of your knowledge, has the applicant lived a stable, chaste lifestyle since the divorce/annulment?
Yes	No	9. Several years should elapse before a widower is nominated to the priestly formation program. The applicant will need to demonstrate his understanding of chastity and celibacy if he is to pursue the priesthood. To the best of your knowledge, has the widower lived a stable, chaste lifestyle?
Irregularities/Impediments to the Reception of Holy Orders (Please indicate “yes” if the inquirer is free from all irregularities and impediments or “no” if he is not free from these irregularities and impediments.)		

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Yes	No	16. The nomination of an applicant to the priestly formation program cannot be accepted and promotion for ordination cannot proceed for one who holds office or position of administration which could be a source of scandal to the faithful. To the best of your knowledge, is the applicant free of this impediment/irregularity?

Vocation Director _____

Date _____

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