

# Notre Dame Seminary Graduate School of Theology Priestly Formation Program



**ADMISSIONS CHECKLIST for:** \_\_\_\_\_  
(Name of Applicant)

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

## 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 in the Autobiography form)
- \_\_\_\_\_ 4. Medical and physical examination form (form provided)
- \_\_\_\_\_ 5. A copy of your immunization record
- \_\_\_\_\_ 6. Results of psychological testing, dated within 3 years of applying to NDS, including release form (see Psychological Assessment Procedures packet)
- \_\_\_\_\_ 7. Letter of Sponsorship and Recommendation by the Vocation Director or Superior of Religious Community with Canonical Suitability Profile Interview form (conducted by Vocation Director or Superior of Religious Community)
- \_\_\_\_\_ 8. Letter of Recommendation from Rector of Previous Seminary (if applicant attended a seminary)
- \_\_\_\_\_ 9. Formation report from the previous seminary (if applicable)
- \_\_\_\_\_ 10. Pastoral Formation and Experience Form
- \_\_\_\_\_ 11. Sacramental record issued within the last six months noting sacraments received (original copy with a seal)
- \_\_\_\_\_ 12. Criminal background check
- \_\_\_\_\_ 13. Birth certificate (A copy is acceptable.)
- \_\_\_\_\_ 14. Copy of your driver's license
- \_\_\_\_\_ 15. Copy of your passport (If you do not have a passport, please apply for one ASAP.)
- \_\_\_\_\_ 16. Copy of VISA (international students)

- \_\_\_\_\_ 17. Recent photograph
- \_\_\_\_\_ 18. If you have received Candidacy, or have been instituted into the Ministry of Lector and/or Acolyte, please provide documentation.
- \_\_\_\_\_ 19. If former military, copy of discharge/retirement orders (DD214)
- \_\_\_\_\_ 20. 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 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 the completed and signed application form 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:**  Propaedeutic  Discipleship 1  Discipleship 2  
 Configuration 1  Configuration 2  Configuration 3  Configuration 4

### UNITED STATES CITIZENSHIP

**Are you a United States Citizen?**  
 Yes *(If Yes, go to Race or Ethnic Group at 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 school? \_\_\_\_\_

**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 IF 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.

Country of Permanent Residence \_\_\_\_\_

**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 the "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, and 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

**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?  Yes  No

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 the statement and sign below.**

I affirm that the information that 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 the 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.

To ensure this confidentiality concerning 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 aid my vocational discernment and personal growth. The rector and seminarian will determine which formation personnel should have access to information so 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 the release of such information. I understand that the information to be released 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.

Printed Name of Seminarian: \_\_\_\_\_

Signature of Seminarian: \_\_\_\_\_

Date: \_\_\_\_\_



## AUTOBIOGRAPHY

*Please complete in narrative format (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, 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 the 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
CANDIDATE MEDICAL FORM

SEMINARIAN:

Complete page one of this form before your exam. Take the completed form to the appointment.

Seminarian's Name \_\_\_\_\_ Date \_\_\_\_\_

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) you are currently taking:

Do you have any allergies? [ ] No [ ] Yes (If yes, list specific allergy and reaction.)

[ ] Medicines [ ] Pollens [ ] Food [ ] Stinging Insects

Complete the following section with a checkmark in the YES or NO column; circle questions you do not know the answer to.

Table with columns for GENERAL HEALTH, HEAD/NECK/SPINE, HEART/LUNGS, BONE/JOINT, and SKIN. Includes questions 1-27 regarding medical conditions, injuries, and vision.

Table with columns for GENITOURINARY, DENTAL, SOCIAL/LEARNING, CHILDHOOD DISEASES, and FAMILY HEALTH. Includes questions 28-41 regarding various health and family history issues.

I hereby certify that to the best of my knowledge, all of the information is true and complete. I authorize the Rector of Notre Dame Seminary, the Admissions Committee, and the appropriate diocesan officials (bishop/director of vocations) access to my Medical Form, unless I revoke it in writing.

Signature of Seminarian \_\_\_\_\_ Date \_\_\_\_\_



**SEMINARIAN'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes  No**

Age: _____ Build (CIRCLE ONE): Slender    Medium    Heavy    Obese	CHECK ONE		*ABNORMAL FINDINGS / EXPLANATIONS / RECOMMENDATIONS / REFERRALS
	NORMAL	ABNORMAL *	
Height: (            ) inches			
Weight: (            ) pounds			
Urinalysis: Albumin            Sugar			
Pulse: (            )			
Blood Pressure: (    /    )			
Hair, Neck, Face, & Scalp			
Skin (also noting Scars & Tattoos)			Reason & Location of Scars:
Eyes/Vision—Acuity, Lids, Pupils, Motion			
Ears/Hearing—Acuity, Canals, Drums			
Nose & Sinuses			
Mouth, Teeth, Gingiva, & Throat			
Lymph Glands			
Heart & Vascular (Include Varicosities)			
Lungs & Chest			
Spine (Scoliosis)			
Neuromuscular System			
Upper & Lower Extremities			
Abdomen			
Urinary System			
Other			
Genitalia (THE FOLLOWING CANNOT BE DEFERRED AND MUST BE EXAMINED & ATTESTED TO BY THE PHYSICIAN)			
Hernia	YES	NO	
Biological Male Penis:	YES	NO	
Testicles:	TWO	ONE	NONE    OTHER
IF OTHER THAN TWO, EXPLAIN: _____			

**Every seminarian is required to maintain a program of physical fitness. Check the following box if applicable:**  
 This student may participate in a program of physical fitness, which may include such sports as football, basketball, soccer, swimming, tennis, baseball. If not, explain in full:

**REQUIRED TESTING**  
 Please attach to this completed form the results of the blood analysis INCLUDING HIV and drug testing.  
 Please attach any other pertinent medical notes or information to this form.

Print name of physician \_\_\_\_\_

Print physician's office address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_

Date of Exam \_\_\_\_\_, 20 \_\_\_\_\_



**HEALTH CARE PROVIDERS: Please photocopy immunization history from seminarian's record – OR – insert information below.**

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT					
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td					
Polio Type: OPV or IPV					
Tuberculosis Skin Test					
Measles/Mumps/Rubella (MMR)					
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>					
Human Papilloma Virus (HPV) Type: HPV2 or HPV4					
COVID Vaccine (optional)					
Hepatitis A (HepA)					
<b>Meningitis/Hepatitis B Disclosure</b> (Louisiana Law demands disclosure of status of these immunizations for all resident students.)					
Meningococcal Conjugate Vaccine (MCV4)					
Hepatitis B (HepB)					
<b>Verify immunizations meet Louisiana requirements</b>	<input type="checkbox"/> Tetanus/Diphtheria (booster every 10 years)		<input type="checkbox"/> Polio (series of 3)		<input type="checkbox"/> MMR (2 injections after age of 12 months)
<b>Other Vaccines: (Type and Date)</b>					

**IMMUNIZATION EXEMPTION(S):**

Medical  Date Issued: \_\_\_\_\_ Vaccine & Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

Medical  Date Issued: \_\_\_\_\_ Vaccine & Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

Medical  Date Issued: \_\_\_\_\_ Vaccine & Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_





# **Notre Dame Seminary Graduate School of Theology Priestly Formation Program**

## **Psychological Assessment Procedures**



# Notre Dame Seminary

## Psychological Assessment Procedures



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 ongoing assistance during a seminarian's formation.

At Notre Dame Seminary, the formation process is designed very carefully to help each seminarian 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 confidential counseling, you can consider the information that this assessment yields as you continue to discern God's call in your life.

The procedures for the psychological assessment follow:

1. Fill out the "Permission to Release Information" form. This form is required by law if the seminary is to receive a copy of your assessment results. Your results will be sent to the persons listed on the document.
2. 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.
3. Give the "Psychological Examination" document and the "Permission to Release Information" form to the psychologist and ask him or her to follow the procedures outlined.
4. Psychological testing must be dated within three (3) years of applying to NDS.

Thank you for your cooperation.

# Notre Dame Seminary Psychological Assessment Procedures



## 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 and/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 this original authorization shall have the same force and effect as the original.

### Unlawful Disclosure Prohibited

Federal law prohibits any healthcare provider from releasing any healthcare 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.

Applicant's Name: \_\_\_\_\_

Applicant's Mailing address: \_\_\_\_\_

\_\_\_\_\_  
(City/State/Zip)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Notre Dame Seminary



## Psychological Examination EVALUATIVE PROCEDURES

- 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.
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 OF SPONSORSHIP and RECOMMENDATION by the DIRECTOR of VOCATIONS *or* SUPERIOR of RELIGIOUS COMMUNITY**

Dear Vocation Director or Religious Superior:

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

Please share your 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 effects 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.



# Canonical Suitability Profile Interview for Notre Dame Seminary

Applicant's Name: \_\_\_\_\_

Vocation Director/Religious Superior: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

*The Vocation Director/Religious Superior 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

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?**

\_\_\_ Yes      \_\_\_ No

**Proper Standing and Stability (Please indicate “yes” or “no” if the inquirer conforms with the standard or norm.)**

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       Does Not Apply

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?**

Yes       No       Does Not Apply

**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.)**

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?**

Yes       No

\_\_\_\_\_  
Signature of Vocation Director or Religious Superior

\_\_\_\_\_  
Date

**DIOCESAN SEAL**





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

Please share the 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.



**Notre Dame Seminary  
Graduate School of Theology  
Priestly Formation Program**

**Pastoral Experience & Formation Form**

# Notre Dame Seminary Priestly Formation Program Pastoral Experience & Formation Form



*The applicant must provide this information for admission to Notre Dame Seminary.*

**Name:** \_\_\_\_\_  
*Last, First, Middle*

**Address:** \_\_\_\_\_  
*Street address City, State, Zip*

**Please attach a copy of your valid passport and visa (if applicable).**

**Please list previous pastoral experience, if any, and the duration of that experience**

Pastoral Experience	Dates (MM/YYYY – MM/YYYY)

**During the C1 year, all seminarians are asked to participate in a mission experience which involves hiking and living without electricity for a number of days. Do you have any physical or psychological conditions which would prevent you from participating in the mission experience? If yes, please explain.**

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