

# Hesburgh Sabbatical Program at Catholic Theological Union

## Application for Admission

**U.S. \$50 Application Fee**  
**Due when application is sent**  
**(Non-refundable; not applicable to tuition)**

**Return this application to:**  
**Rev. Patrick Lagges, Director**  
**Hesburgh Sabbatical Program**  
**Catholic Theological Union**  
**5401 S. Cornell Ave.**  
**Chicago, IL 60615**

Name \_\_\_\_\_  
 Print Name Exactly As It Shows On Passport

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
 Month Day Year City State Country

Title of religious congregation/order \_\_\_\_\_ Initials \_\_\_\_\_ Diocese \_\_\_\_\_

For priests/deacons, year of ordination \_\_\_\_ For religious, year of Profession \_\_\_\_ For Laity/year into full-time ministry \_\_\_\_

Name of person to be billed \_\_\_\_\_

Address of person to be billed \_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State ZIP Country

Person in U.S. to be notified in emergencies \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Alternate Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If no, country of citizenship \_\_\_\_\_ United States Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Colleges and Universities attended and/or currently attending. (You are *required* to complete this section.):

Name of Institution	Location	Dates Attended	Major	Degree	Date Degree Conferred

Professional and Ministerial Experience: (use reverse side if needed):

Position Name	Location	Dates Attended	Major	Degree	Date Degree Conferred

Marketing Questions: *please answer the following questions:*

1 How did you learn about the Hesburgh Sabbatical Program? \_\_\_\_\_

2 In which newspaper(s) or magazines(s) have you seen the Hesburgh Program advertised?

\_\_\_\_\_

3. Did you find and/or use the Hesburgh website  Yes  No