



Pontifical Faculty of the Immaculate Conception AT THE DOMINICAN HOUSE OF STUDIES

487 Michigan Ave., NE
Washington, DC 20017
(202) 495-3836
(202) 495-3873 fax

APPLICATION FORM PLEASE TYPE OR PRINT CLEARLY

LAST NAME	FIRST NAME
-----------	------------

PRESENT ADDRESS: _____

TELEPHONE: home _____ cell _____
work _____ e-mail _____

<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:	Social Security#:
--	--------------	-------------------

BIRTH:

<i>Month / Day / Year</i>	<i>City</i>	<i>State</i>	<i>Country</i>
---------------------------	-------------	--------------	----------------

STATUS:

<input type="checkbox"/> Clergy	<input type="checkbox"/> Religious	<input type="checkbox"/> Lay	<input type="checkbox"/> Married
---------------------------------	------------------------------------	------------------------------	----------------------------------

<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Single
----------------------------------	------------------------------------	---------------------------------

ETHNIC BACKGROUND:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> International
------------------------------------	--------------------------------	-----------------------------------	--	--

RELIGIOUS ONLY:

COMMUNITY: _____ PROVINCE: _____

ADDRESS: _____

DIOCESAN CLERGY ONLY:

DIOCESE: _____

ADDRESS: _____

DEGREE PROGRAM SEEKING (*check one only*):

- Master of Arts in Theology Master of Divinity Bachelor of Sacred Theology
 Licentiate in Sacred Theology Non-Degree Seeking
 Full-time Part-time

ACADEMIC TERM APPLYING FOR:

- Fall Spring 2009 2010 2011 2012

CHARGES BILLED TO (*if different than above*):

POST-SECONDARY EDUCATION:

Institution	Degree	Major	Years <i>Attended</i>	Month/ <i>Year</i> <i>Completed</i>	GPA

PLEASE WRITE A BRIEF STATEMENT OF PURPOSE OF STUDY. _____

How did you hear about the Pontifical Faculty at the Dominican House of Studies?

Signature of Applicant

Date

NOTICE TO APPLICANT

Please return this form to the Office of the Registrar with a non-refundable fee of \$50 payable to **Pontifical Faculty** and a photo of yourself. (For those outside the U.S., please submit payments on-line using a major credit card. A \$30 surcharge applies to all checks and money orders received from foreign entities.)

Official transcripts of all post-secondary education must be forwarded directly from each institution attended.

Degree candidates must also submit:

Three letters of recommendation.
Graduate Record Examination (GRE) scores.

The Test of English as a Foreign Language (TOEFL) must be taken by foreign students whose native language is not English.

Registrar's Office Only:

Application form received: _____

Application fee received: _____

Transcripts received: _____

GRE scores received: _____

TOEFL score received: _____