



The John XXIII Theological Institute

STUDENT APPLICATION

*Please read the instructions carefully. Incomplete applications cannot be processed.
Attach a photocopy of a valid photo I.D. with this application.*

Please do not write in this space. Office Use only.

Date Received: _____ Previous Enrollment: YES NO

Accepted as a student on: _____ By (init.): _____

Accepted into which degree program: _____

Student ID: —

Not accepted. Reason: _____

1. Title: Mr. Mrs. Ms. Rev. Dr.
 Other (specify): _____

2. Name: _____
Last MI First

3. Address: _____
Street City State Zip

4. Phone (home): () (work): ()

5. E-mail: _____

6. If applicable, personal website:

http://www. _____

7. Date of Birth: _____ Place of Birth: _____

Are you a citizen or legal resident in the United States? YES NO

8. Social Security Number: _____

9. Are you an applicant for ministry or religious life in The American Catholic Church in the United States (ACCUS)?

Deacon Priest Religious No

10. Which degree program are you applying for?

M.Div. S.T.L. J.C.D. S.T.D.

11. Highest educational level attained:

High School graduate Vocational/Technical School

Junior College (Associates) College (Bachelors) Masters

Doctorate Professional/Specialist

Other (specify): _____

Submit copies of all relevant transcripts to the Registrar of The John XXIII Theological Institute for a review of qualifications and transferable credits.

12. If you have any ministerial experience, on a separate sheet, please prepare a summary, resume or curriculum vitae of your ministry, including the following:

- a. The names, dates, and addresses of the church/es where you ministered.**
- b. Positions that you held, with a summary of the responsibilities and requirements for those ministries.**
- c. Issues that challenged your talents and growth in ministry.**

13. Complete the Credit Assessment Form and submit it along with all documentation to the Registrar of The John XXIII Theological Institute.

Privacy Rights of Students

Statute 20, United States Code, section 1232(g) and regulation adopted pursuant thereto, hereafter referred to as the Code, requires that each student be notified of the basic rights accorded them by the Code. The following is provided as basic general information to establish a category of student information termed “directory information.” When available in school records, any information falling in the category of “directory information” will be available to all persons on request; i.e., IRS, FBI, or other government agencies: Student name, address, telephone listing, race, sex, date and place of birth, major field of study, church membership/denominational affiliation, dates of attendance/enrollment, degrees and awards received, most recently or previous educational agency/institution attended.

All other information, such as health and medical records, disciplinary records, records of personal counseling, required student and family financial income records, transcripts or student permanent academic records, student placement records and other personally identifiable information shall be open for inspection only to the student and such members of the professional staff of the school as have responsibility for working with the student. Such information will not be released to second parties without the written consent of the student.

Except as required for use by the Dean and Registrar in the discharge of their responsibilities as prescribed by school regulations, regulations of the Accrediting agency, and board policies, the designated custodian of such records may release information from these records to others only upon authorization in writing from the student or upon a subpoena by a court of competent jurisdiction.

I indicate by my signature that I have been notified of my rights as accorded by 20 USC § 1232(g). I understand by my signature that, while being a student at The John XXIII Theological Institute, I have given my consent and agreement to uphold the Policies,

General School Regulations and the Honor Code of The John XXIII Theological Institute:

X _____	
<i>Applicant's Signature</i>	<i>Date of Application</i>

**Mail to: The Office of the Registrar
6613 Haydown Court
Frederick, MD 21703**