

REGISTRATION FORM

**SIXTEENTH ANNUAL ACCULTURATION SEMINAR FOR INTERNATIONAL PRIESTS
ST. JOHN'S UNIVERSITY
JUNE 19 - 23, 2017**

**- Space is limited -
Please return completed registration form and verification form by MAY 1.**

**Registration form must be accompanied by a recommendation letter
from diocesan leadership or congregational major superior.**

PART I (PLEASE PRINT)

NAME: _____

PARISH/AFFILIATION _____

RESIDENCE ADDRESS: _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

PHONE _____ FAX _____ CELL _____

DATE OF BIRTH (MM/DD/YY) _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

BACKGROUND:

Country of Origin _____ Home Diocese _____

Country of Ordination _____ Year of Ordination _____

Length of time in the US _____ Expected length of stay _____

Diocesan Priest _____ OR Member of a Religious Congregation _____

Name of Diocese/Congregation _____

LANGUAGE ABILITY:

Native Language _____

Other Languages _____

Fluency in English: Moderately GOOD _____ Very GOOD _____ EXCELLENT _____

EARNED DEGREES:

Degree	Field	Seminary / University
_____	_____	_____
_____	_____	_____

PART II (PLEASE PRINT)

SUMMARY OF EXPERIENCE: Please provide a brief summary of your ministerial experience.

PART III (PLEASE PRINT)

EXPECTATIONS: Please describe your expectations of the program in terms of what you wish to learn and gain from this experience.

PLEASE NOTE: The residence halls are SMOKE FREE.

Signed _____

Diocese of _____