



## Hesburgh Renewal Program at Catholic Theological Union Application for Admission

**Course Fee: \$600**

**Return this application to:  
Hesburgh Renewal Program  
Atten: Tim Crum  
Catholic Theological Union  
5416 S. Cornell Ave Chicago, IL 60615**

Name: \_\_\_\_\_

Applying For: \_\_\_\_ Fall Semester (Aug-Dec) \_\_\_\_ Spring Semester (Feb-May) Year: 20\_\_\_\_

Mailing (Street) Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_@\_\_\_\_\_

Phone: \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male\_\_\_\_ Female\_\_\_\_ Ethnicity: \_\_\_\_\_  
Month Day Year

Religious Superior Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Person to be notified in emergencies: \_\_\_\_\_ Phone: \_\_\_\_\_

Ministerial Experience: \_\_\_\_\_

\_\_\_\_\_

***Payment options on next page***

**Payment information**

*If paying by check please mail your \$600 check to CTU at the address above.*

Credit Card: \_\_\_VISA \_\_\_Mastercard \_\_\_AMEX \_\_\_Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Marketing Questions: please answer the following questions:*

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

2. Where have you seen the Hesburgh Program advertised? \_\_\_\_\_

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

4. Have you seen Hesburgh Sabbatical advertisements online?  Yes  No

***End of Application***