**REGISTRATION FORM**

**Twenty-first Annual Acculturation Seminar for International Priests**

**St. John’s University**

**June 13 - 17, 2022**

**- Space is limited -**

**Please return completed registration form by MAY 13 to VCCS@stjohns.edu.**

**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.

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## 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.**

**University Policy requires all presenters and participants be VACCINATED.**

Signed

Diocese of