

ADMISSION REQUIREMENTS

The Admissions Board of Assumption Seminary cannot consider an applicant until the following required documents have been received by the Seminary at least one week prior to the Board's meeting.

1. A completed Unified **Application** Form. _____
2. An **Autobiography** closely following the enclosed format (should be typed). _____
3. A Statement of **Goals an Objectives** following the enclosed format (should be typed). _____
4. A Complete **Psychological Assessment** that follows the enclosed format. _____
5. Enclosed **Health Form** completed by the physician designated by the Diocese. _____
6. Assumption Seminary **Emergency Medical Information Form**. _____
7. **Recommendation Forms** (3):
 - Bishop or Vocation Director/Director of Seminarians. _____
 - Pastor of current parish or Employer. _____
 - Academic/Teacher. _____
 - Rector of all seminaries and/or religious houses previously attended. _____
8. Complete **Official Transcripts** of credits from all Colleges attended (sent from the Registrar to the Seminary).
*(High school transcripts are also required for applicants who have fewer than 30 college credits)

9. **Accuplacer / Accuplacer-ESL**. _____
10. Three recent **Photographs** of the applicant. _____
11. Certificates of **Baptism** _____ and **Confirmation** _____
Issued by the Church of record within the last six months.
12. Certificates for Ministry of **Acolyte** _____, **Reader** _____
or Admission to **Candidacy** (*If received*). _____
13. **Criminal Background Check**. _____

Whenever possible a personal interview with the applicant takes place at the seminary prior to the Admissions Board meeting.
All documentation is reviewed by the Seminary Admissions Board and one of the four
recommendations are made to the Rector:

- | | |
|---------------------------------|----------------------------|
| 1.) Acceptance | 2.) Conditional Acceptance |
| 3.) Non Acceptance at this time | 4.) Non Acceptance |

Please forward all admissions documents to:

Director of Admissions @ Assumption Seminary
2600 W. Woodlawn Ave.,
San Antonio, Texas 78228-5196 or FAX: (210) 734-2324

UNIFIED APPLICATION FOR ADMISSION

Please type or print legibly using black ink.



ASSUMPTION SEMINARY
Building Faith. Preparing Leaders.

Assumption Seminary
2600 West Woodlawn Avenue
San Antonio, Texas 78228-5196
(210) 734-5137 Fax: (210) 734-2324
www.assumptionseminary.org



MEXICAN AMERICAN CATHOLIC COLLEGE

Mexican American Catholic College
3115 W. Ashby Place P.O. Box 28185
San Antonio, TX 78228-5104
(210) 732-2156 Fax: (210) 736-2963
Toll free (866) 893-6222
Email: registrar@maccsa.org www.maccsa.org



Oblate School of Theology
285 Oblate Drive
San Antonio, Texas 78216-6693
(210) 341-1366 Fax: (210) 341-4519
Email: registrar@ost.edu www.ost.edu

Anticipated Entrance: Fall Spring Summer Year: 20__

Application Date: _____

I. PERSONAL INFORMATION

Name: _____

Last
Title
First
Middle
Nickname/Preferred Name

Current Address: _____

No & Street
City
State
Zip Code

Mailing Address: _____

No & Street
City
State
Zip Code

Billing Address: _____

No & Street
City
State
Zip Code

Billing Contact Person/Position: _____ USA Tax Exempt No. _____

Home Tel No: () ____ - ____ Work Tel No: () ____ - ____ Fax No: () ____ - ____

Cell No: () ____ - ____ Email: _____

U.S. Social Security Number ____ - ____ - ____ <small>optional</small>	Date of Birth Month ____ Day ____ Year ____	City/State/Country of Birth _____
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Vocation director with whom you have been in contact: <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name</td> <td style="width: 50%; border: none;">Address</td> </tr> <tr> <td style="border: none;">____</td> <td style="border: none;">____</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> </tr> <tr> <td style="border: none;">____</td> <td style="border: none;">____</td> </tr> <tr> <td style="border: none;">Zip Code</td> <td style="border: none;">____</td> </tr> </table> Telephone () ____	Name	Address	____	____	City	State	____	____	Zip Code	____	Diocese/Religious Congregation: <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name</td> <td style="width: 50%; border: none;">Address</td> </tr> <tr> <td style="border: none;">____</td> <td style="border: none;">____</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> </tr> <tr> <td style="border: none;">____</td> <td style="border: none;">____</td> </tr> <tr> <td style="border: none;">Zip Code</td> <td style="border: none;">____</td> </tr> </table> Telephone () ____	Name	Address	____	____	City	State	____	____	Zip Code	____
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Zip Code	____																				

In case of an emergency, please contact

Name	Relationship	Telephone Number	Address
_____	_____	_____	_____

PHYSICAL & MEDICAL DATA (Be sure to complete the required medical exam form.)

Do you have any medical condition or handicap, which requires special attention, drugs or equipment, or facility accommodations that would affect your attendance? Yes No

If yes, please specify your needs _____

This page for all institutions.

II. FAMILY BACKGROUND

The following **optional** information is requested only of **U.S. citizens and permanent residents**. The information on this page is strictly confidential.

Are you **Hispanic**? Yes No

If you are **NOT Hispanic**, mark one or more races to indicate what you consider yourself to be:

- White

 Black or African American

 Asian
 American Indian or Alaskan Native

 Native Hawaiian or other Pacific Islander

 Other

III. WORK EXPERIENCE

List any significant professional or career related experiences:

Employer	Employer Address	Position	Approximate Dates

List volunteer work you have performed:

Have you ever had employment terminated? Yes No Reason (if yes): _____

Do you belong to any professional organization(s)? Yes No

If yes, please list organization(s): _____

IV. EDUCATION

List in chronological order all colleges, universities and seminaries attended.

Name of Institution	City/State	Years of Attendance		Degree & Major	Date Graduated/Expected
		From	To		
HIGH SCHOOL					
UNDERGRADUATE					
GRADUATE					

Note: It is the responsibility of the applicant to have complete and official transcripts from each former institution mailed directly to Assumption Seminary's Director of Admissions. (High school transcripts are only required for college applicants with fewer than 30 hours of credits).

Requesting to transfer college credits? Yes No
How many semester hours? _____ From what School: _____

Requesting to transfer graduate theology credits? Yes No
How many semester hours? _____ From what School: _____

Approximate grade average (GPA): High School _____ College _____ Graduate _____

Did you fail any courses? Yes No Specify: _____

Foreign languages: _____ Speak Write _____ Speak Write
_____ Speak Write _____ Speak Write

Years of foreign language study: _____

This page for all institutions.

If your college major was not philosophy, indicate which philosophy courses you have taken: _____

In which skills or areas of education do you have special training or qualifications? _____

V. APPLYING TO ENTER- part A: Carefully read each of the academic programs in order to select the program that applies to your current academic situation. Official placement in a program will occur when the institutions and admissions committees review your transcripts. If you have questions about which program is most suitable for your level of formation, please contact the Director of Admissions at Assumption Seminary.

Academic Programs at MACC – Mexican American Catholic College:

College Degrees (For seminarians who need to complete the undergraduate philosophy and theology courses required by the USCCB)

- Bilingual B.A. in Pastoral Ministry—Philosophy Major (124hrs) (4-year program for students who have not earned any academic degree) (please check one of the following)
 - English Track (for students with minimal fluency in Spanish)
 - Spanish Track (for students with minimal fluency in English or foreign students who have not passed the TOEFL)
 - I speak, read, and write fluently in both English and Spanish
- Pre-Theology Certificate (52hrs) (2-year program for students who have an academic degree but need the undergraduate philosophy/theology requirements)
- B.A. in Pastoral Ministry: Philosophy for Pre-Theology (64hrs) (2-year program for students who have an academic degree but need the undergraduate philosophy/theology requirements. With 12 credits more than the Pre-Theology Certificate this pre-theology program grants the student a B.A.)

Other Programs

- Intensive Pastoral English (For seminarians who need to pass the TOEFL before studying graduate-level theology at OST)
- Credit, no program

ENTRANCE TEST: SAT or ACT or Accuplacer **Test Score (if known)** _____ **Scheduled/ Test Date** _____
 TOEFL - Test of English as a Foreign Language **Test Score (if known)** _____ **Scheduled/ Test Date** _____

Official Scores must be sent from the testing company to MACC; for ACT use institutional code 4265, for SAT use 5957 and for TOEFL use 4469.

Academic Programs at OST – Oblate School of Theology:

Graduate Degrees (For seminarians who have completed the undergraduate philosophy and theology requirements and have at least a B.A. degree in any field of study)

- Master of Divinity (80hrs)
- Master of Divinity + Certificate for Presbyteral Ministry (104hrs)
- Dual Master of Divinity+Master of Arts in Theology

Other Programs (For seminarians who have completed the undergraduate philosophy and theology requirements but do NOT have a B.A. degree in any field of study)

- Certificate of Pastoral Studies
- Credit, no program

ENTRANCE TEST: GRE Miller Analogies (MAT) TOEFL **Test Score (if known)** _____ **Scheduled/ Test Date** _____
Official Scores must be sent from the testing company to OST; for GRE use institutional code 2469, for MAT use 2226.44 and for TOEFL use 6527.

V. APPLYING TO ENTER- part B:

Have you ever been denied admission to a school? Yes No

Have you ever been expelled by a school? Yes No

Have you ever previously made an application (degree or non-degree) to Assumption Seminary, the Mexican American Catholic College, or Oblate School of Theology? Yes No If yes, to which institution? _____

VI. UNITED STATES MILITARY SERVICE

Are you registered for the Selective Service? Yes No

Have you served the U.S. Military? Yes No

Branch of Service: _____ Date of enlistment: _____

Rank at discharge: _____ Date of discharge: _____ Type of discharge: _____

Combat: _____ Technical training: _____ Reserve Status: _____

Do you have educational benefits? Yes No What chapter? _____

What did you like best about the service: _____

What did you like least: _____

This page for Assumption Seminary.

VII. REFERENCES

Name at least 3 persons acquainted with your academic and/or professional experience. Provide to each recommender a copy of the recommendation form and a stamped, addressed envelope. Address envelopes to: Admissions Office, Assumption Seminary, 2600 W. Woodlawn Ave., San Antonio, TX 78228.

Bishop or Vocation Director
Name and Title No. and Street City State Zip
Academic/Teacher
Name and Title No. and Street City State Zip
Current Pastor or Employer
Name and Title No. and Street City State Zip

ADDITIONAL REFERENCES: If you have been in formation previously, Assumption Seminary also needs to receive letters of recommendation from rectors of all seminaries and/or religious houses previously attended.

Name and Title No. and Street City State Zip
Name and Title No. and Street City State Zip

VIII. LEGAL STATUS (additional info)

Have you ever been arrested? Yes No

If yes, what were the charges:

Place and date of arrest: City County Date

Age at time of arrest: Disposition:

Have you ever been found guilty or entered a plea of no contest or guilty to any criminal charge? Yes No

If so, please explain:

IX. FAMILY BACKGROUND (additional info)

Father's Information

Name: Last First Middle

Place of Birth: city state country Living Deceased

If living: Address Telephone number

Occupation Religion Single Married Divorced Widow Marital Status

If deceased: Age at death Year of death Cause of death

Mother's Information

Name: Last First Middle Maiden Name

Place of Birth: City state country Living Deceased

If living: Address Telephone number

Occupation Religion Single Married Divorced Widow Marital Status

If deceased: Age at death Year of death Cause of death

This page for Assumption Seminary.

FAMILY BACKGROUND (cont'd)

Brothers and Sisters

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any relatives in the priesthood or religious life? Yes No

If yes, please specify: _____

X. RELIGIOUS BACKGROUND

Home Parish _____

Name	Address	City	State	Zip Code	Pastor
------	---------	------	-------	----------	--------

Current Parish _____

Name	Address	City	State	Zip Code	Pastor
------	---------	------	-------	----------	--------

Faith Life

Do you have a Spiritual Director? Yes No

What spiritual activity or prayer form is most rewarding for you? _____

Have you ever been away from the Church for a period of time? Yes No

If yes, for how long? _____ When did you return to the Catholic Church? _____

Have you ever belonged to a Church or religious body other than the Catholic Church? Yes No

If so, what denomination? _____ Date of reception to the Catholic Church _____

Indicate the usual religious practices in your home while growing up: _____

In what ways have you been involved in your Church Community (check all that apply):

Mass server
 Lector
 Special minister of the Eucharist
 Choir member
 Youth minister
 Other _____

List the diocese(s) in which you have resided for six months or longer after 14 years of age (include residence of school/college/seminary outside you home diocese). _____

Prior to this time, have you ever been accepted by any other diocese, religious community or secular institute?

Yes No If yes, please list:

<u>Name of diocese or Community/Institute</u>	<u>Dates of entering & leaving</u>	<u>Level at time of leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you were in formation in a Seminary, please give name and location of the Seminary(ies).

This page for Assumption Seminary.

X. RELIGIOUS BACKGROUND (cont'd)

Did you leave the seminary, diocese, religious community or secular institute of your own accord, or were you asked to leave? Own accord Asked to leave Why? _____

Have you ever applied to and not been accepted by any seminary, diocese, religious community, or secular institute? Yes No

Name of seminary, diocese, community institute _____ Date of application _____

Describe any previous ministerial experiences:

While sponsored by another diocese or religious community, were you installed in the ministry of reader or of acolyte, or did you receive candidacy? Yes No

If yes, please indicate place and date of installation:

Reader: _____ Acolyte: _____ Candidacy: _____

Have you ever bound yourself by oaths, vows or promises in a religious organization? Yes No

If yes, specify organization: _____ Date: _____

Were your vows or promises: Temporary - or- Perpetual

What is the present status of those oaths, vows or promises? _____

XI. PERSONAL DATA

How much free time do you have apart from school and/or work, and how do you spend it? _____

What type of books do you prefer reading? (Check all that apply)

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Action/Adventure | <input type="checkbox"/> Biography | <input type="checkbox"/> Business/Finance | <input type="checkbox"/> Children's/Young Adult | <input type="checkbox"/> Cooking/Food/Wine |
| <input type="checkbox"/> Detective/Mystery | <input type="checkbox"/> Diet/Health/Fitness | <input type="checkbox"/> Family | <input type="checkbox"/> Government/Politics | <input type="checkbox"/> History |
| <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Horror | <input type="checkbox"/> Humor/Games | <input type="checkbox"/> Literature/Fiction | <input type="checkbox"/> Non-Fiction |
| <input type="checkbox"/> Reference | <input type="checkbox"/> Religion/Spirituality | <input type="checkbox"/> Romance | <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> The Arts | <input type="checkbox"/> Sports & Outdoors | <input type="checkbox"/> Travel | <input type="checkbox"/> Westerns | <input type="checkbox"/> Other _____ |

Please list two or three titles of books you have recently read: _____

What periodicals do you read regularly? _____

Do you belong to any neighborhood, civil, social or service organizations? Yes No

If yes, please specify: _____

Have you exercised any type of leadership in any of your free-time activities? Yes No

If yes, please describe: _____

Have you dated? Yes No If yes, how old were you when you had your first date: _____

Have you ever "gone steady" with anyone? Yes No Have you ever been engaged? Yes No

Have you ever been married (in a church, civilly or by common law)? Yes No

If yes, please answer the following:

To whom _____ Date _____ Place _____ Before whom (JP, priest, minister, etc.) _____

This page for Assumption Seminary.

Is your former spouse deceased? Yes No

Have you received a civil divorce? Yes No

Grounds: _____

Have you received a church annulment? Yes No

Diocese: _____

Date of annulment: _____

Protocol # _____

Do you have any children? Yes No

If yes, how many and what ages? _____

What are your responsibilities toward those children? _____

Do you have a relative or other dependent for whom you are financially responsible? Yes No

If yes, please explain: _____

I certify that the information on this application is complete and correct. I understand that submission of false or incomplete information may result in the denial of this application, or my subsequent dismissal from Assumption Seminary, the Mexican American Catholic College and/or Oblate School of Theology. I understand that all material (including transcripts) submitted in support of my admission becomes the property of the School, and cannot be returned.

If I am accepted as a student at the Mexican American Catholic College and/or Oblate School of Theology, I pledge to demonstrate personal and academic integrity in all matters.

RELEASE OF INFORMATION



ASSUMPTION SEMINARY

Building Faith. Preparing Leaders.

**Assumption Seminary
2600 West Woodlawn
San Antonio, Texas 78228**

**PERMISO PARA DAR A CONOCER
LA INFORMACION CONTENIDA
EN ESTA SOLICITUD**

It is the policy at Assumption Seminary that all information regarding students is held in the strictest confidence by those permitted access. It is the responsibility of the Rector to maintain the confidence and to personally approve the release of any information as allowed through this signed form, and only then to persons authorized below.

I, the undersigned, in light of the above guarantee, hereby grant the release of pertinent information that is or will be an official part of my academic or personal files at Assumption Seminary to the following:

My Ordinary and Vocation Directors
The Seminary Admissions Board and Formation Team
The Seminary Psychological Consultants

Information from my file may not be released to any other party without my written consent.

Student Signature

Date

I attest that all the information contained in this application form and pertinent to any information provided as part of the application process is true and complete to the best of my knowledge. I have revealed everything and withheld nothing that would impact my ability to be considered as a priestly candidate.

I recognize that the information requested is provided in confidence and becomes the property of Assumption Seminary. I understand that the decision for me to be accepted or not to be accepted for study/formation in the seminary will be made at the discretion of the seminary admissions board, and that there is no obligation on their part to report to me the reasoning behind any and all decision regarding this application.

Student Signature

Date



**285 Oblate Drive
San Antonio, Texas 78216**



**3115 W. Ashby Place
San Antonio, Texas 78228**

In accordance with Public Law 930380-The Educational Rights and Privacy Act (Buckley Amendment), I hereby authorize the release of my Oblate School of Theology and Mexican American Catholic College transcript(s), cumulative record(s) and/or grades at the end of each semester to the person(s) or agency indicated below to keep them informed of my academic progress.

Release to: **Rector/President
Assumption Seminary
2600 W. Woodlawn Ave.
San Antonio, TX 78228**

Furthermore, I authorize Assumption Seminary, Oblate School of Theology, and Mexican American Catholic College, to share my academic information (i.e., transcripts on file, application, results from testing assessments and evaluations, and other pertinent academic information) between these institutions for the purpose of academic evaluation, placement, and other related procedures.

I am authorizing this release throughout the duration of my enrollment at Assumption Seminary. If, for any reason, I am no longer a member of the diocese or religious community indicated below, this request is null and void.

Student's Signature

Date

Student's Name (printed)



Autobiography Outline

Please write a brief autobiography. In writing your autobiography keep in mind that we are interested in knowing you, your life experience and above all, your faith experience. Please address each of the following areas as you write your autobiography and add any additional background information that you think is important to best describe your life. Reflect, and share the events and experiences of your life, which have brought you to this stage of your development. It is not necessary for you to answer every question listed, but it is important to cover each section thoroughly. Please confine your comments to three single-spaced typewritten pages (Please no print font smaller than 10.) If English is your second language, write as much as possible in English.

Family History:

- Place and date of birth? Where did you grow up?
- Describe your family system:
 - a.number in your family (parents, brothers & sisters, etc.)
 - b.were you the youngest, oldest?
 - c.describe your parents' relationship with each other
 - d.how would you describe your relationship with your father, your mother, your brothers, your sisters?
- Describe the happiest and saddest events in your childhood.
- Describe any crises, death, illness, addictions in you or your family and how you dealt with each of these.

School History:

- Describe your school experiences (grades, relationships with teachers & other students).
- What was most difficult in school for you?
- In which area or subject were you the most successful?

Work History:

- Expand on the work experience you listed in the application by describing any significant positions held, job titles and reasons for leaving jobs when you moved on.
- Did you ever receive any awards or commendations for your work?
- Were you ever fired or terminated from your work in any way? If so, explain.
- What did you enjoy most about your work?
- What do you find the most difficult in your job?
- Were you allowed to exercise leadership in any capacity in your work?

Spiritual Development:

- Who have been 3 key people in your life that have influenced your image of yourself, of God, of the Church?
- How did these people have an impact on your life? Give examples.
- Who is God for you? Please describe.
- How do you nourish your life of faith?
- How have you been of service to others in the Church? What did you enjoy most about serving others? How have you grown? Name specifically parish work/ministry.
- When did you first feel called to the priesthood? How did you experience this call? How did you respond?
- What do you feel God is calling you to now?
- What gifts do you bring to share with others?

Relational Development:

- How do you make friends and maintain friendships?
- Describe your best friend. How would your best friend describe you?
- How would your friends describe you?
- Have you dated? Have you been engaged or married? Have you had any other exclusive relationship(s)? If so, describe.
- How long have you lived a celibate life-style?

Personal Development:

- What do you like to do for relaxation? For leisure?
- In entering the seminary, what do you see as areas of growth for yourself?

This page for academic institutions.

Statement of Goals and Objectives

Prepare a brief but careful statement (no more than one page) regarding:

- 1) reasons you want to do undergraduate work in philosophy/pre-theology or graduate work in theology,
- 2) specific interests and experiences in the field,
- 3) any specific skills or experiences that you have that may relate to ministry, and
- 4) your career plans.



Assumption Seminary

PSYCHOLOGICAL TESTING

Required for Admission to
Assumption Seminary
2600 W. Woodlawn Ave.
San Antonio, Texas 78228
OFFICE (210) 734-5137 FAX: (210) 734-2324

Assumption Seminary requires individuals seeking admission to its priestly formation program to complete a battery of psychological test.

These tests are to be completed by a licensed and practicing psychologist experienced in administration and interpretation of both objective and projective tests.

The Purpose

The purpose of these tests is to assess the individual's:

- a. Emotional and psychosexual habits;
- b. Strengths and limitations (growth needs and potential);
- c. Capabilities for a permanent commitment in a church vocation (social skills, intimacy, trust, interdependence, authority, flexibility);
- d. Ability to live in community (an all mail community in seminary, and parish community throughout life);
- e. Ability to live alone while in ministry;
- f. Ability to live a celibate and chaste life-Style;
- g. Intellectual or academic capacity for graduate studies (if no prior evidence of these capabilities exists such as undergrad degree, transcripts, etc.); and,
- h. To screen out mental disorders, personality disorders and neurological disorders.

The psychologist's recommendations to the seminary regarding findings in the above areas are essential in assisting the individual, if he is accepted, into the priestly formation program.

Required Testing:

Specific psychological test (or their equivalent) required by Assumption Seminary in meeting the purpose of the admission's screening are to include by not be limited to the following:

- a. Diagnostic Clinical Interview to include:
 - Family of origins history
 - Relational history
 - Psychosexual development history and present level of health/integration
 - History of traumatic events (experiences of loss, violence, abuse addictions, mental illness, depression, anxiety and panic etc.)
- b. Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
- c. Rorschach Inkblots if needed
- d. Rotter Incomplete Sentence Blank;
- e. House-Tree Person Projective Drawing Test;
- f. Kinetic Family Drawing Text
- g. Rosenzweig Picture-Frustration Study

Should the psychologist deem further testing appropriate due to any findings, it is left to his/her discretion in consultation with the diocese of the applicant. The additional test should be included as part of the battery and reasons for administering them annotated in the written report.

Written Reports:

Two reports are to be forwarded to Assumption Seminary:

1. The Rector and Admissions Board expect to receive a thorough and professionally written report analyzing and interpreting the data from the above listed interview and tests. Under no conditions should raw scores/data be sent without interpretation. The report should be written with specific consideration of the individual's capacity for priestly formation and life; and recommendations to the diocese and seminary formation team.
2. From this thorough report, the psychologist should provide a condensed version to be given to the student and seminary formation team for their use in priestly formation and seminary life. Its focus should be strengths and assets of ministry and recommendations for personal growth and development while in seminary.
3. After the first semester only the "summary report" will be kept as a part of the applicant's file.

Once the test battery is completed and the report written, the psychologist is expected to meet with the individual to discuss the findings and recommendations and any questions the applicant may have about them. It is imperative that the individual understand the findings before entering the seminary if accepted.

The psychologist should have that individual sign all the appropriate release forms for the reports to be sent to the seminary. The seminary will get release forms for the use of the summary version by appropriate formation personnel.



Assumption Seminary requires applicants to take an **ACCUPLACER** or **ACCUPLACER ESL Test**

This is a way to assess the English/Spanish language needs of each Seminarian.

Most Junior Colleges administer these tests for individuals.

The ESL test is for students whose first language is not English-that is English Language Learners.

Please have the testing center forward the **Original** test scores to:

**Assumption Seminary
Chair of Admissions
2600 W. Woodlawn Ave.
San Antonio, Texas, 78228**



RECOMMENDATION FORM

Applicants: Your name should be listed as it appears on your application form. Fill in the shaded areas. Please type or print clearly using link.

Name of Applicant _____

Last
First
Middle
Soc. Security No.

Applying for **session**: Fall Spring Summer Year 20____ Degree Sought _____

Type of recommendation: Bishop, Vocation Director, or Seminarian Director
 Academic/Teacher Pastor of current parish
 Most Recent Employer other _____

Recommender's Name: _____ Title _____

Please Print
(Mr., Mrs., Ms., Rev., etc.)

Institution _____ Phone _____

Address _____ City _____ State _____ Zip _____

To be read by applicant and recommender:

The "Academic/Teacher" recommendation may be forwarded to the institution where the applicant is enrolled in school. Under the provision of the Family Educational Rights and Privacy Act of 1974, students at Oblate School of Theology (OST) and the Mexican American Catholic College (MACC) have access to their admission records, including letters of recommendation. However students may waive their right to see the letters of recommendation, whereupon such letters will be held in confidence. If the applicant has not signed a waiver, it is assumed that this letter is submitted with the recommender's understanding that the applicant, once registered at OST or MACC, may request to see the letter. The alternative selected will not affect consideration of the applicant for admission.

- I waive my right of access to this recommendation. I retain my right of access to this recommendation.

 Applicant's Signature

 Date

To be completed by the recommender:

Please comment on the applicant's ability to carry out college or graduate studies, his general character, stability, and preparation for ministry. Compare applicant to others you have known in this field. Your prompt reply (within 2 weeks) will be appreciated. There is a checklist on the next page.

Why would you recommend/not recommend this person at this time for seminary?

I have known this person for _____ years.

In what capacity? _____

Type of work/ministry? _____

I would rank this person in the top _____% of people I have known/taught/worked with in _____years.

Checklist:	Outstanding	Above Average	Average	Below Average	Poor
Ability to listen to a person's needs.					
Ability to discern an appropriate response to a need.					
Ability to let a person grow as opposed to expecting a certain response.					
Ability to work as a team member in a ministry situation.					
Ability to grow personally and willingness to learn.					
Ability to set priorities in personal life as well as in ministry.					
Ability to assume leadership roles.					
Ability to understand and cooperate with Church authority.					
Intellectual ability to achieve at the graduate level.					
Breadth of general knowledge.					
English language ability: Oral communication					
Reading at college/graduate level.					
Writing at college/graduate level.					
Other Comments:					

Recommender's name _____ Title _____

Institution _____ Phone _____

Signature _____ Date _____

Thank you for providing this information.

<p>Recommender, please mail this form directly to:</p> <p>ADMISSIONS OFFICE</p> <p>Assumption Seminary 2600 W. Woodlawn Ave. San Antonio, TX 78228</p>
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Assumption Seminary Emergency Medical Information Form

Entering Students, Date: _____

Name: _____ Diocese: _____

Social Security Number: _____ Date of Birth: _____

Visa type & ID Number: _____ Expiration Date: _____

Name of Health Insurance: _____ Policy Number _____

1st Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone Number: _____

2nd Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Do you wear Glasses? Yes or No

Do you wear Contacts? Yes or No

Do you wear a hearing aid? Yes or No

Do you wear Dentures? Yes or No

Allergies, please list all medication and/or food allergies: _____

Do you have any current conditions you are currently being treated for or in the past? Yes or No,

Please list: _____

Are you on current any Medications? Yes or No, please list: _____

Name of current Physician: _____

Address: _____

Phone Number: _____

(To keep this information current in your student files in case of an emergency this information must be submitted yearly)



ASSUMPTION SEMINARY

2600 WEST WOODLAWN AVE.
SAN ANTONIO, TEXAS 78228
(210) 734-5137 FAX (210) 734-2324

Check One: Fall : _____

Spring Semester: _____

REPORT OF MEDICAL HISTORY

PLEASE COMPLETE THIS BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION

Last Name (Print) First Name Middle Social Security Number

Local Address (Number and Street) Zip Telephone Number

Home Address (Number and Street) City or Town State Zip Date of Birth

Name, Address, and Relationship of Next of Kin Telephone Number

Are you a veteran? Branch and Length of Service Citizenship

MEDICAL HISTORY

Please make an "X" next to any symptom or condition listed below that applies to you.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Abdominal Pain, frequent | <input type="checkbox"/> Decreased Hearing | <input type="checkbox"/> Irregular Pulse | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergies/Hay Fever | <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney Infection | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Leg Pains/Cramps | <input type="checkbox"/> Seizures/Convulsions |
| <input type="checkbox"/> Anxiety/Nervousness | <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diver | <input type="checkbox"/> Measles | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections, frequent | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Sleeping Difficulties |
| <input type="checkbox"/> Back-Pain, recurrent | <input type="checkbox"/> Eye Infections, frequent | <input type="checkbox"/> Mumps | <input type="checkbox"/> Sore Throat, frequent |
| <input type="checkbox"/> Bladder Infection | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Muscle Weakness | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Fatigue, chronic | <input type="checkbox"/> Nausea/Vomiting,
persistent | <input type="checkbox"/> Swollen Arteries |
| <input type="checkbox"/> Bloody Bowel Movements | <input type="checkbox"/> Gallbladder Disease | <input type="checkbox"/> Nose Bleeds, recurrent | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Bone Fracture | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Numbness/Tingling | <input type="checkbox"/> Tremor |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gout | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches, frequent | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Change in bowel habits, recent | <input type="checkbox"/> Headaches, migraines | <input type="checkbox"/> Phobias | <input type="checkbox"/> Urethral Discharge |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Heart Murrer | <input type="checkbox"/> Pneumonia/Pleurisy | <input type="checkbox"/> Urination at night |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Polio | <input type="checkbox"/> Urine infection |
| <input type="checkbox"/> Constipation, frequent | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Corrective Lenses | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rashes | <input type="checkbox"/> Venereal Disease |
| | <input type="checkbox"/> Indigestion/Heartburn | | <input type="checkbox"/> Weight Loss, recent |

List any medication that you take regularly _____

List any known drug allergies _____

Do you have medical insurance: _____ Name of Company: _____

Do you smoke: _____ How many packs per day? _____

Do you have a history of alcohol abuse? _____ If yes, how long? _____

have you been in recovery/sobriety? _____

Do you have a history of drug abuse? _____ If so, please list drugs: _____
_____. How long have you been off them? _____

List below ALL past hospitalizations (include the date and the diagnosis): _____

Do you have a regular physician? _____ Who? _____

Address _____ Telephone Number _____



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PHYSICIAN EXAMINATION

Name _____ Date of Birth _____

BP _____ P _____ T _____ R _____ Ht _____ Wt _____

Vision: Uncorrected _____ / _____ Corrected _____ / _____

General _____

Head and Neck: _____

Chest/Lungs: _____

Heart: _____

Abdomen: _____

Genitalia: _____

Ano-Rectal & Prostate: _____

Músculo-Skeletal: _____

Neurological: _____

Skin: _____

REQUIRED LABORATORY: CBC, Urinalysis, Fasting Chemistry 24, Serology, Stool Guaiac, TB Test, HTLV-III antibody (AIDS test).

For patients over 35 years of age, Chest X-ray and EKG are also required.

NOTE: The above required laboratory studies are in addition to any studies indicated by the History and Physical Examination.

**COPIES OF ALL LABORATORY REPORTS ARE TO BE INCLUDED
WITH THIS COMPLETED MEDICAL STATEMENT**

Signature of Physician

Date

Physician's Name (please print or type)

Address

City, State & Zip

FAMILY MEDICAL HISTORY

If a blood relative (parent, sibling, uncle, aunt or grandparent) has had any of the following diseases or conditions, list their relationship to you next to the condition.

Tuberculosis _____	Cancer _____
Stroke _____	Arthritis _____
Migraines _____	Gout _____
Mental Illness _____	Kidney Disease _____
Epilepsy _____	Glaucoma _____
Diabetes _____	Allergy _____
Heart Attack _____	Hypertension _____

PLEASE SIGN THE FOLLOWING RELEASE:

I, _____ grant permission to the Rector/President of Assumption Seminary, San Antonio, Texas to speak with my doctor regarding my medical condition and so that any additional statements and interpretation of my medical condition might be ascertained as they pertain to my ability to undergo serious graduate studies.

Seminararian Applicant

Witness

Date _____

OPHTHALMOLOGICAL EVALUATION

1. Uncorrected Vision Right Eye _____/_____

Left Eye _____/_____

2. Best Corrected Visual Acuity Right Eye _____/_____

Left Eye _____/_____

3. Is there any evidence of ocular disease that would be chronic, progressive, or require frequent treatment or surgery?

Yes _____ No _____

If yes, please explain: _____

4. Is there any limitation of vision that would preclude the applicant's performance of college level near tasks?

If yes explain: _____

Signature of Ophthalmologist