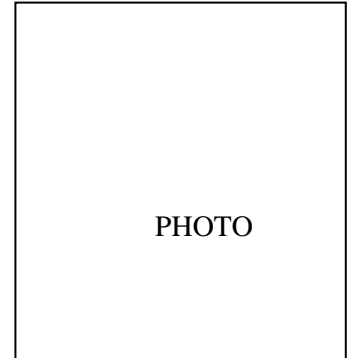




PONTIFICAL INTERNATIONAL COLLEGE
MARIA MATER ECCLESIAE
PRIEST ADMISSION FORM



PERSONAL DATA

Paternal surname _____

Maternal surname _____

Name _____

Cellular phone (home) _____

Cellular phone (Italian) _____

Email: _____

Date of birth _____

Place of birth _____

Nationality _____

Passport number – Identity card: _____

Issued at: _____

My diocese _____

My ordination date _____

Name of your bishop _____

Your bishop's email _____

The Chancery email _____

University (Institute) where you will study _____

The faculty where you will study _____

Degree you hope to obtain (Bachelor, License, Doctor, Master) _____

How many years do you expect to be in Rome? _____

Approximate date of arrival in Rome: _____

Approximate date of departure from Rome: _____

Your father's name _____

Living [Yes] [No] Work _____

Email: _____

Your mother's name _____

Living [Yes] [No] Work _____

Email: _____

Address _____

Home telephone number: _____

EMERGENCY INFORMATION

Person to contact in an emergency:

Name: _____ Tel.: () _____

E-mail: _____

Address: _____

OTHER DOCUMENTS

The following documents – in digital form or in paper – must accompany this form:

- A letter of presentation from your bishop and stamped with the seal of the Apostolic Nuncio
- A copy of your passport
- A letter of acceptance from the university
- A health insurance certificate. The College is not responsible for medical expenses. We request each student to get an Italian health card on arrival or to arrive with private international insurance.

Once the above documents arrive, they will be reviewed by the College Counsel who will inform both the Bishop and the candidate regarding the outcome of the application.

If accepted, beginning August 15th, the College offers a course in Italian which costs € 250,00, complete with diploma.

On being accepted to the College, I _____ hereby promise to abide by the college's Statutes and Regulations to the best of my ability and contribute actively to the small community services required.

I understand that consent of the Rector is required before acceptance at the College for successive years.

Signature

Date

Informativa e richiesta di consenso al trattamento dei dati personali ai sensi dell'art. 13 D. lgs 196/2003:

In ottemperanza agli obblighi previsti dal Decreto legislativo 30 giugno 2003 no 196 in materia di trattamento dei dati personali (c.d. "Codice della privacy") e il Decreto Generale 20/10/1999 "Disposizioni per la tutela del diritto alla buona fama e alla riservatezza" della Conferenza Episcopale Italiana, con la presente intendiamo informarLa che sottoporremo a trattamento i dati personali che La riguardano tramite elaborazione elettronica e non elettronica (archivi cartacei), e che è finalizzato alla gestione della Sua permanenza in Collegio ed alle iniziative ad essa collegate. In caso di disaccordo provvederemo immediatamente alla cancellazione dei suoi dati senza alcun onere a Suo carico, interrompendo con Lei qualsiasi tipo di rapporto informativo.

Signature

Date

ADMINISTRATIVE INFORMATION

1. The inscription fee is € 250,00, to be paid before arrival. Once the inscription fee and an anticipated payment for the first 3 months has been paid, a letter will be sent to the Italian Embassy in your country to obtain your visa.

2. Annual fee: € 7.500 (from September till the end of June – the equivalent of 10 months). A discount of € 200,00 is available for those who pay the full € 7.500,00 before October 15th, or within the first 6 weeks at the College.

3. Monthly fee: € 850,00 for 8 months or less.

The person or Institution who will pay for your board and lodging and other expenses in the College:

Name: _____ E-mail: _____

Institution: _____ Tel: () _____

Address: _____

Will pay the amount of: _____.

The rest will be paid by: _____.

Payments may be made in:

Cash

Bank transfer: to BP Sondrio or IOR (Istituto per le Opere Religiose)

BANCA POPOLARE DI SONDRIO - Filiale di Roma

CONGREGAZIONE DEI LEGIONARI DI CRISTO – Via Aurelia 677 – 00165 Roma RM
c/c 000011232X81

IBAN: IT79K0569603211000011232X81 - ABI 05696 - CAB 03211 - BIC: POSOIT22ROM

Istituto per le Opere di Religione

PONTIFICIO COLLEGIO INTERNAZIONALE MARIA MATER ECCLESIAE / 22195049

Signature

Date

Administration criteria

1. Monthly payment should be made before the 5th of each month;
2. Funds received from a scholarship for room and or studies may not be given for personal use;
3. Room and board costs include: food, lodging, internet, laundry, room maintenance. Room cleaning is not included. If at the end of the year the room is too dirty, a fine of €100,00 will be charged;
4. The cost of an Italian health card (€ 387,34 for a religious visa) or annual transport ticket (€250,00) are not included;
5. The college is closed from July 1st, until August 15th. Rooms must be left free. For those who leave, a storeroom for personal belongings is available on payment of €200,00 which will be returned when personal items are retrieved.

Signature

Date