

This page for all institutions.

UNIFIED APPLICATION FOR ADMISSION

Please Print or Type



ASSUMPTION SEMINARY
Building Faith. Preparing Leaders.

Assumption Seminary
2600 West Woodlawn Avenue
San Antonio, Texas 78228-5196
assumptionseminary.org



Mexican American Catholic College
3115 W. Ashby Place
San Antonio, TX 78228-5104
maccsa.org



OBLATE
SCHOOL OF THEOLOGY

Oblate School of Theology
285 Oblate Drive
San Antonio, Texas 78216-6693
ost.edu

Anticipated Entrance: Fall Spring Summer Year: 20__

Application Date: _____

I. GENERAL INFORMATION

Name: _____
First/Given
Middle
Preferred
Last/Family

Mailing Address: _____
Address
City
State
Zip Code

Cell Phone: _____ Email: _____

Home Phone: _____

Date of Birth	Place of Birth	U.S. Social Security Number (optional)
Month _____ Day _____ Year _____	City _____ State _____ Country _____	_____ - _____ - _____

Diocesan Vocation Director or Director of Seminarians:	Responsible Party for Billing (if different)
Title _____ Name _____	_____
Address _____	Address _____
_____	_____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Office Phone _____	Office Phone _____
USA Tax Exempt No. _____	USA Tax Exempt No. _____

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

If yes, specify: _____

In order for the institutions to respond to required state and federal questionnaires, you are asked to assist us ON A VOLUNTARY BASIS, by answering the following questions.

Are you Hispanic/Latino? Yes No

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

- Caucasian
 African American/Black
 Asian
 Native American
 Native Hawaiian or other Pacific Islander
 Other: _____

This page for all institutions.

EDUCATION AND EXPERIENCE

<u>Institution</u>	<u>City/State</u>	<u>Year of Attendance</u> From -- To	<u>Degree & Major</u>	<u>Date Graduated/Expected</u>
--------------------	-------------------	---	---------------------------	--------------------------------

HIGH SCHOOL

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

UNDERGRADUATE LEVEL

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GRADUATE LEVEL

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please, list any specific academic honors or awards or honor society memberships. _____

Give your approximate grade point average (GPA): High School _____ College _____ Masters _____

Did you fail any courses? Yes No Specify: _____

What foreign languages have you studied and for how long? _____

Language Skills: _____ Speak Write _____ Speak Write
 _____ Speak Write _____ Speak Write
 _____ Speak Write _____ Speak Write

Are you requesting to transfer college credits? Yes No
Approximate semester hours? _____ From what School(s) _____

Are you requesting to transfer graduate theology credits? Yes No
Approximate semester hours? _____ From what School(s) _____

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

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

Have you ever been suspended, dismissed or forcibly withdrawn from an institution for non-academic reasons?
Yes No

Have you ever been convicted of a felony? Yes No

WORK EXPERIENCE

List any significant work, professional or career related experiences:

<u>Employer</u>	<u>Employer Address, City, State</u>	<u>Position</u>	<u>Approximate Dates</u>
-----------------	--------------------------------------	-----------------	--------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

This page for all institutions.

EXPERIENCE VOLUNTEERING

List volunteer work and activities in which you participated

_____	_____
_____	_____
_____	_____
_____	_____

MILITARY EXPERIENCE

Are you registered for the Selective Service? Yes No

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

Are you a U.S. Military Veteran? Yes No

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

Branch of Service: _____ Date of enlistment: _____ Rank at discharge: _____

Date of discharge: _____ Type of discharge: _____ Reserve Status: _____

CHOOSING AN ACADEMIC PROGRAM

To which Academic program of studies are you applying for admission?

English Language

English Language School (For seminarians who need to improve or learn English for their studies.)

Undergraduate

Undergraduate Bachelor of Arts in Pastoral Ministry-Philosophy Concentration College studies for students who have not earned a college degree (MEXICAN AMERICAN CATHOLIC COLLEGE / UNIVERSITY OF INCARNATE WORD)

Undergraduate Pre-Theology Certificate – College studies for students who have already earned a college degree without a concentration in Philosophy (MEXICAN AMERICAN CATHOLIC COLLEGE / UNIVERSITY OF INCARNATE WORD)

Other _____ . (_____)

Graduate

Master of Divinity and Certificate for Presbyteral Ministry Graduate studies for students who have not earned an MDiv. Degree. (OBLATE SCHOOL OF THEOLOGY)

Other _____ . (OBLATE SCHOOL OF THEOLOGY)



BACKGROUND

Father's Information

Name: _____
Full Name

Place of Birth: _____ Living Deceased
City State Country

If living: _____
Address Phone

_____ Single Married Divorced Widow
Occupation Religion Marital Status

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

Mother's Information

Name: _____
Full Maiden Name

Place of Birth: _____ Living Deceased
City state country

If living: _____
Address Phone

_____ Single Married Divorced Widow
Occupation Religion Marital Status

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

Brothers and Sisters

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

Do you have any relatives in the priesthood or religious life? Yes No
If yes, please specify: _____

Have you ever dated? Yes No If yes, how old were you when you began dating? _____

Have you ever been engaged? Yes No If yes, how old were you? _____

This page for ASSUMPTION SEMINARY.

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

If yes, please fill in the information below.

To whom Date Place Before whom (Priest, JP, Minister, etc.)

Have you received a civil divorce? Yes No

Have you received a church annulment? Yes No

Diocese Date of annulment Protocol Number

Is your former spouse deceased? Yes No

Do you have any children? Yes No

If yes, how many? and what ages? _____

What are your responsibilities toward your children? _____

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

If yes, please explain: _____

Have you ever been arrested? Yes No

If yes, what were the charges: _____

Date City/County State Age at time of arrest

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

If yes, please explain: _____

FAITH BACKGROUND

Parish of Baptism _____
Church City State Country

**** Attach an official baptism certificate issued within the last six months by Church of record for Baptism.**

Parish of Confirmation _____
Church City State Country

**** Attach an official record of confirmation issued within the last six months.**

Current Parish _____
Church City State Country

List all of the diocese(s) in which you have resided for six months or longer after 14 years of age _____

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

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

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

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

This page for ASSUMPTION SEMINARY.

Do you have a Spiritual Director? Yes No How long have you met with the Director? _____

Have you applied and NOT BEEN ACCEPTED by a Seminary, Diocese, Religious Community, or Secular Institute?

Yes No

If yes, please list.

Name of Seminary, Diocese, Community, Institute

Date of application

Have you ever BEEN ACCEPTED by a Seminary, Diocese, Religious Community, or Secular Institute? Yes No

If yes, please list:

Name of Seminary, Diocese, Community, Institute

Dates of entering & leaving

Why did you leave? _____

IMPORTANT NOTE: If you have been in accepted and formation previously, applicants must request letters of reference from the current Rector(s), Diocesan Director, Religious Superior and Institute Superior(s) to be sent directly to Office of the Rector, Assumption Seminary 2600 W. Woodlawn Avenue, San Antonio, TX 78228.

Do you understand this requirement? Yes No

If you were in formation, were you instituted to the Ministry of Reader or Acolyte or Candidacy. Yes No

If yes, please list

Place

Month / Day / Year

Ministry of Reader: _____

Ministry of Acolyte: _____

Call to Candidacy: _____

If you were in formation, have you ever bound yourself by oaths, vows or promises? Yes No

If yes, specify organization: _____ Date: _____

Were your vows or promises: Temporary Perpetual

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

VII. THREE LETTERS OF RECOMMENDATION

Attached to this application are instructions for letters of recommendation. Choose at least three people acquainted with you such as priests, parish pastor, employers, teachers, or friends. Provide each person with a copy of the recommendation form and a stamped, addressed envelope to Chair of Admissions, Assumption Seminary 2600 W. Woodlawn Avenue, San Antonio, TX 78228.

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

This page for all institutions



ASSUMPTION SEMINARY
Building Faith. Preparing Leaders.

Assumption Seminary
2600 West Woodlawn Avenue
San Antonio, Texas 78228-5196
assumptionseminary.org



Mexican American Catholic College
3115 W. Ashby Place
San Antonio, TX 78228-5104
maccsa.org



OBLATE
SCHOOL OF THEOLOGY

Oblate School of Theology
285 Oblate Drive
San Antonio, Texas 78216-6693
ost.edu

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.

Signature

Date

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.

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.

Signature

Date

This page for all institutions.



**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.

Print Name

Signature

Date



Autobiography

Write an autobiography. Include your family history, details of your education, work and other activities. Write about your spiritual development, church involvement and history of relationships. Include information relative to your vocational discernment.

Below are some ideas for you to consider in your story.

Family History:

Describe your family:

- a. number in your family (parents, brothers & sisters, etc.)
- b. were you the youngest, oldest?
- c. describe your parents' relationship with each other
- d. 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 the family experienced and how they were dealt with.

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?

What did you discover about yourself as a student?

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)?

Describe what those relationships were like.

How long have you lived a celibate life-style? What has that been like for you?

This page for academic institutions.



Statement of Goals and Objectives

On one page, prepare a brief but careful statement regarding:

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

Essay

Submit an essay of at least 200 words but no more than one page that reflects your ability to express yourself in writing.

You may write about a personal or academic experience, situation, achievement, goal or idea that was particularly influential in determining your future plans

- o r -

You may write a brief autobiography giving the genesis of commitment to your anticipated studies.



Assumption Seminary Emergency Medical Information Form

Date: _____

Name: _____ Diocese: _____

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: _____



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 _____



ASSUMPTION SEMINARY

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

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_____

Stroke_____

Migraines_____

Mental Illness_____

Epilepsy_____

Diabetes_____

Heart Attack_____

Cancer_____

Arthritis_____

Gout_____

Kidney Disease_____

Glaucoma_____

Allergy_____

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.

Seminarian 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: _____

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

If yes, please

explain _____

Signature of Ophthalmologist



ASSUMPTION SEMINARY
Building Faith. Preparing Leaders.

RECOMMENDATION FORM

Name of Applicant _____
Full Name

Recommender's Name: _____ Please Print Title _____
(Mr., Mrs., Ms., Rev., etc.)

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship to Applicant _____

Please comment on the applicant's ability to enter ministry formation and training and his ability to carry out academic studies. Comment on 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.

To be completed by the recommender:

I have known this person for _____ years.

In what capacity? _____

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

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:					

Signature _____ Date _____

Thank you for providing this information.

<p>Recommender, please mail this form directly to:</p> <p><u>ASSUMPTION SEMINARY</u></p> <p style="text-align: center;">Chair of Admissions 2600 W. Woodlawn Ave. San Antonio, TX 78228 (210) 734-5137</p>
