Conception
Seminary College

Application For Admission

Requirements

1. **Application Form** provided by Conception Seminary College, request by phone or use the on-line form at http://www.conception.edu/vocations/admissions-requirements.

2. **Autobiography** of 3-5 (not more than 10) double-spaced, typed pages, covering the applicant's faith history, family history, work history, and educational history. This may be e-mailed to vocations@conception.edu.

3. **Two letters of recommendation** from persons who know the candidate. One must be from the candidate's pastor or a priest who knows him.

4. **Official transcript** issued directly to Conception Seminary College, reflecting the work completed in any of the following programs. Please note that these documents must be received before an applicant can be considered for admission. All documents (transcripts, GED certificates, ACT scores, WES evaluations, etc) must be issued directly to Conception Seminary College to be considered official. Official documents submitted to the diocese and later forwarded to Conception do NOT replace the official documents that must be forwarded directly to the College.

   Freshman applicants must arrange to have official transcripts sent from the last high school attended. A partial transcript should be submitted if the applicant is still in school. Graduates from state-approved home school programs must provide either a diploma from a regionally-accredited** high school or an official GED certificate as proof of equivalent academic achievement. If the applicant who has completed the home school program does not have either of these, but has taken the ACT and earned a composite score of at least 24, an official ACT report will be accepted in lieu of the high school diploma or GED certificate. Graduates from a state-approved GED program must provide an official GED certificate, indicating satisfactory completion of a GED program.

   Transfer students must provide official transcripts from all colleges or universities attended, even if no credit was earned. If the transfer student has completed less than one full year of college, he must also provide high school transcripts and an ACT/SAT Assessment Report. A partial transcript should be submitted if the applicant is still in school.

   International students who have course work completed at an institution outside of the United States will be required to have special evaluation by an international evaluation agency. We recommend that the applicant submit his credentials to WES (World Educational Services) for a course-by-course evaluation before applying to the college, so that the transfer work can be considered during the admissions process. Students who have already had international credits evaluated by a different agency should contact the Registrar's Office to insure that the evaluation is acceptable. Information concerning the evaluation process can be accessed at www.wes.org.

   ** Regional accrediting agencies include The Middle States Commission on Higher Education (MSCHE); The New England Association of Schools and Colleges (NEASC); The North Central Association Commission on Accreditation and School Improvement (NCA CASI); The Southern Association of Colleges and Schools (SACS); and The Western Association of Schools and Colleges (WASC).

5. **ACT/SAT Assessment Report** (freshman applicants) issued directly to the college. The student should designate Conception Seminary College (ACT Code 2280; SAT Code 6112) as an intended score recipient when the test is taken. If provision for this service was not made when the ACT/SAT examination was taken, a special request form, obtainable from the Admissions Office, must be mailed to ACT/SAT to authorize an official score transcript.

6. **Three physical examination reports**, one a medical history filled out by the student, another completed by an examining physician, and the third (the Meningococcal Vaccination Requirement) to be completed by your Health Care Provider. All reports should be done on Conception Seminary College's standard forms.

(continued on following page)

7. **HIV/AIDS test**—after the candidate receives results to HIV test he will photocopy and attach results to his health records. All HIV test results are considered confidential information by CSC.

8. **Certificates of Baptism and Confirmation** issued by the parish where these sacraments were received.

9. **A criminal background check** must be conducted through the diocese and sent to Conception Seminary College prior to admittance.

10. The candidate must be free from all of the following impediments to Holy Orders (CIC 1041):

    1. Some form of psychological insanity that expert consultation deems unqualified to fulfill priestly ministry.
    2. Committed apostasy, heresy, or schism.
    3. Attempted illicit marriage.
    4. a. Committed voluntary homicide.
       b. participated in an abortion or cooperated with the procuring of an abortion.
    5. a. Mutilated self or another.
       b. Attempted suicide.
    6. Simulated the office of priest or bishop.

    If a candidate possesses one or more of the above impediments he must seek proper dispensation according to the norms of ecclesiastical law.

11. **Interpretive psychological report** by a licensed clinical psychologist for which the applicant is required to complete a full battery of psychological tests. Conception Seminary College's Department of Counseling Services has prepared Guidelines for Psychological Evaluation designed to inform the applicant, any sponsoring agent, and the evaluating psychologist of the specific requirements regarding the evaluation. The written interpretive report is released to the Director of Counseling Services. The report and test scores should be sent to:

    Director of Counseling Services
    Conception Seminary College
    P.O. Box 502
    Conception, MO 64433-0502

12. **Letter of Sponsorship** issued by the Arch/Diocese or Religious Community sponsoring the applicant.

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Personal Information

Name:_____
First Middle Last

Name you prefer to be called:_____ SSN:_____

Applying for the ___Fall ___Spring Semester of 20_____

as a ❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior ❑ Pre-theology ❑ LCC ❑ Part-time student.

Current mailing address:_____

City:_____ State:_____ Zip:_____

Phone (home):_____ (cell):_____ (e-mail):_____

Birth Date:_____/_____/_____ Birth Place:_____

Present (Arch)Diocese:_____ Present Parish:_____

(Arch)Diocese or Religious Community sponsoring you:_____

Priest Recommending you:_____

_____
Address City State Zip Phone

How long have you been an active Catholic?_____

Have you ever been married? ❑ Yes ❑ No | Was it sacramental (married in the Catholic Church or duly dispensed of Catholic form)? ❑ Yes ❑ No | Has the marriage been annulled? ❑ Yes ❑ No | *If the marriage was annulled the candidate must produce the* Acta *(official documentation and evidence for the canonical decision).*

Have you ever been a novice or professed member of a religious institute? ❑ Yes ❑ No

If yes, please give its name:_____

Have you ever attended a seminary? ❑ Yes ❑ No

If yes, please give its name:_____

Please list all current or previous occupations below:

Employer	Occupation	Dates

Please check all applicable items: ❑ U.S. Citizen ❑ Veteran ❑ Immigrant ❑ Student Visa

Who is responsible for paying your college expenses?_____

Would you like more information about financial aid? ❑ Yes ❑ No

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Have you taken the ACT Assessment? ❑ Yes ❑ No | If yes, did you have it sent to CSC (code 2280)? ❑ Yes ❑ No

Have you taken the SAT Assessment? ❑ Yes ❑ No | If yes, did you have it sent to CSC (code 6112)? ❑ Yes ❑ No

High School Attended: _____ Year Graduated

_____
Address City State Zip

Please list all colleges you have attended regardless of length of stay (even if no work was completed):

Name of Institution	Location	Dates	Degree

How many children in your family? _____ How many older than you? _____

Your Father is ❑ Living ❑ Deceased

Full Name: _____

_____
Address City State Zip Phone

Occupation: _____

Religion: _____ Marital Status: _____ Age: _____

Your Mother is ❑ Living ❑ Deceased

Full Name: _____

_____

Occupation: _____

Religion: _____ Marital Status: _____ Age: _____

I have offered the above information honestly, freely, and accurately. I understand that, in compliance with Federal Law and to safeguard the personal rights of its students, Conception Seminary has adopted certain policies and procedures governing the collection, use, retention, and release of student records. I understand that a statement of these policies is available from the Office of the Registrar upon request. I also understand that failure to provide all requested information may result in denial of admission or dismissal from Conception Seminary College.

_____
Signature of Applicant Date

Conception Seminary College does not discriminate on the basis of race, color, or national or ethnic origin in the administration of any of its programs or policies. MAIL COMPLETED FORM TO:

DIRECTOR OF ADMISSIONS
CONCEPTION SEMINARY COLLEGE
P.O. BOX 502
CONCEPTION, MO 64433-0502.
For more information, call (660) 944-2886 or send an e-mail to vocations@conception.edu.

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Physician's Form: Physical Exam

Enrollment will be postponed until form is complete

Please explain all positive findings in detail

Student's Name:_____ Date of Birth:_____

Address:_____

City, State, Zip:_____

Weight:_____

Height:_____

Skin:_____

Head:_____

Eyes:_____

Nose:_____

Mouth/Throat:_____

Ears:_____

Chest/Lungs:_____

Heart:_____

Abdomen:_____

Genitalia:_____

Extremities:_____

Back/Spine:_____

Neck:_____

Rectum:_____

Nervous System:_____

PLEASE INDICATE THE DATES OF THE FOLLOWING TESTS AND IMMUNIZATIONS

TB skin test or x-ray is required within the past year.

❑ Positive ❑ Negative | TB skin test date:_____

Chest X-ray date:_____

Have you ever had a positive skin test for TB? ❑ Yes ❑ No

Have you ever taken medication for a positive TB skin test?

❑ Yes ❑ No

The diocese should have the candidate tested for HIV and drug screening, forwarding the results to CSC.

HIV/AIDS test: ❑ Positive ❑ Negative

After the candidate receives results of HIV test, he will photocopy and attach results to his health records. All HIV test results are considered confidential information by CSC.

Drugs: ❑ Positive ❑ Negative

Verify immunizations meet Missouri requirements

❑ Yes ❑ No Diptheria/Tetanus (booster every 10 years)

❑ Yes ❑ No Polio (series of 3)

❑ Yes ❑ No MMR (2 injectionas after age of 15 months)

❑ Yes ❑ No Meningocical Vaccine

Recommendations (full activity, limited activity, etc.):_____

_____

Signature:_____ MD/DO

Name:_____

Address:_____

City, State, Zip:_____

Telephone: _____ Today's Date: _____

Mail to:

Director of Admissions
P.O. Box 502
Conception, MO 64433-0502

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Student's Form: Medical Information

The student must provide this information for admission to Conception Seminary College. Enrollment will be postponed until all necessary immunizations are brought up-to-date and this entire form is complete.

Student's Name:_____ Date of Birth:_____

Address:_____

City, State, Zip:_____ Phone:_____

Emergency Contact:

Name:_____ Relationship:_____

Address:_____

City, State, Zip:_____ Phone:_____

IMMUNIZATIONS

WE MUST HAVE IMMUNIZATION RECORDS TO MEET STATE OF MISSOURI REQUIREMENTS.

DIPHTHERIA/TETANUS (After the initial series of three shots, you need to have a booster at least every ten years.) Please list dates below.

Month_____Date_____Year_____ Month_____Date_____Year_____

Month_____Date_____Year_____ Month_____Date_____Year_____

POLIO (Need a series of at least three.) Please list dates below.

Month_____Date_____Year_____ Month_____Date_____Year_____

Month_____Date_____Year_____ Month_____Date_____Year_____

MMR (MEASLES, MUMPS, RUBELLA) (If you have not had two MMR injections after the age of 15 months, you will need an MMR before starting your freshman year.)

Month_____Date_____Year_____ Month_____Date_____Year_____

ALLERGIES/MEDICATIONS

Do you have any food allergies? ❑ Yes ❑ No | Are you allergic to wheat or unable to consume wine? ❑ Yes ❑ No

Are you allergic to any medication? ❑ Yes ❑ No | List any here:_____

Are you currently taking any medication? ❑ Yes ❑ No | List any here:_____

Prescribing doctor:_____

HOSPITALIZATIONS

Have you ever been hospitalized? ❑ Yes ❑ No | If so, list the date here:_____

Reason for hospitalization:_____

Do you have any other health problems? ❑ Yes ❑ No | If so, list them here:_____

_____

Signature:_____Date:_____

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Family Medical History

Family	Year of Birth & Health Status			Illness Place an X in the appropriate column for illnesses you or a relative have had									Death Indicate cause of death and age at time of death for relatives	
	Year of birth	Good	Poor	Asthma	Cancer/Tumor	Diabetes	Heart Trouble	High Blood Pressure	Mental Disorder	Arthritis	Stomach Trouble	Stroke	**Cause of Death**	**Age**
Yourself														
Father														
Mother														
Siblings														

Mail to:

Director of Admissions
P.O. Box 502
Conception, MO 64433-0502

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Meningococcal Vaccination Requirement

The student may not move in to the residence halls until this requirement is completed.

FILL OUT SECTIONS 1 AND 2 OR SECTIONS 1 AND 3.

SECTION 1

Student Name:_____Social Security Number:_____

SECTION 2

To be completed by a health care provider: (Documentation from a physician showing receipt of vaccine or copy of the immunization record is also acceptable.)
The above named student received meningococcal vaccine on:_____

Health Care Provider Name:_____

Street Address:_____Phone:_____

City, State, Zip:_____

Signature of Provider:_____Date:_____

SECTION 3

VACCINE WAIVER: to be completed by the individual (or parent/guardian for those younger than 18 years of age) requesting an exemption from the requirement.

SECTION 3A: FOR INDIVIDUALS 18 YEARS OF AGE OR OLDER:

I am 18 years of age or older. I have received and read the information in the brochure provided by Conception Seminary College explaining the risks of meningococcal disease and am aware of the effectiveness of the vaccine. I am aware that meningococcal disease is a rare but life-threatening illness. I understand that CSC policy requires that students be vaccinated against meningococcal disease or sign a waiver. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Conception Abbey, Conception Seminary College, its officers, employees and agents from any and all costs, liabilities, expenses, claims or causes of action on any account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

Name of Student:_____

Signature of Student:_____Date:_____

Parental Acknowledgement:

I have received and read the information in the brochure provided by Conception Seminary College and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____Date:_____

SECTION 3A: FOR INDIVIDUALS UNDER 18 YEARS OF AGE:

I am the parent/guardian of _____. I have received and read the information in the brochure from Conception Seminary College about meningococcal disease and am aware of the effectiveness of the vaccine. I acknowledge that the disease is rare but life-threatening. I understand that CSC policy requires that students be vaccinated against meningococcal disease or sign a waiver. I voluntarily agree to release, discharge, indemnify and hold harmless Conception Abbey, Conception Seminary College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands or causes of action on account of any loss or personal injury that might result from my decision not to have the above-named individual immunized against meningitis.

Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____Date:_____