



## Application for Admissions

### Required Documents

To apply to Conception Seminary College (CSC), please provide the following documents:

- 1) **Application Form - Personal Information:** form provided by CSC.
- 2) **Autobiography:** (900 - 1,200 words) covering the applicant's faith history, family history, work history, and educational history.
- 3) **Photo of applicant:** either in print or electronically (recent head shot preferred).
- 4) **Two Letters of Recommendation:** one from candidate's pastor and one from a person, other than family, who knows the candidate well.
- 5) **Official Transcripts:** issued directly to CSC, reflecting all academic work. Please note that these documents must be received before an applicant can be considered for admission. All documents – transcripts, General Educational Development (GED)/High School Equivalent (HSE) certificates, ACT Assessment Reports, other standardized test reports, World Educational Services (WES) evaluations, etc. – must be issued directly to CSC to be considered official. Official documents submitted to the diocese and later forwarded to CSC cannot replace the official documents that must be issued directly to the CSC.

\* *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/HSE 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 test and earned a composite score of around 20, an official ACT report will be accepted in lieu of the high school diploma or GED/HSE certificate. Graduates from a state-approved GED/HSE program must provide an official GED/HSE certificate indicating satisfactory completion of 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 also must provide high school transcripts and an ACT/SAT Assessment Report. A partial transcript should be submitted if the applicant is still enrolled at the college/university.

\* *International students* who have completed course work at an institution outside of the United States are required to arrange for special evaluation by an international evaluation agency. CSC recommends that the applicant submit his credentials to World Educational Services (WES) for a course-by-course evaluation before applying to the seminary 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 ([registrar@conception.edu](mailto:registrar@conception.edu)) to ensure that the evaluation is acceptable. Information concerning the evaluation process can found at [www.wes.org](http://www.wes.org).

- 6) **ACT/SAT Assessment Report:** issued directly to the college. The student should designate CSC (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 must be made to ACT/ SAT to authorize an official score transcript be sent to CSC.

(continued on following page)

## Required Documents

(continued)

7) **Three Physical Examination Reports** (attached): the Student Form: Medical Information form filled out by the student, a Physician's Form: Physical Exam form completed by an examining physician, and the Meningococcal Vaccination Requirement form including drug screening and HIV testing completed by the applicant's health care provider. All three reports should utilize the CSC forms provided. HIV test results are often granted only to the individual. If this is the case, the candidate must provide a photocopy of the results to the Admissions Office, where they will be kept as confidential information.

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

9) **Interpretive Psychological Report:** by a licensed clinical psychologist for whom the applicant is required to complete a full battery of psychological tests. CSC'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 and test scores should be released and sent to the Director of Counseling Services at:

CONCEPTION SEMINARY COLLEGE  
DIRECTOR OF COUNSELING SERVICES  
P.O. BOX 502  
CONCEPTION, MO 64433

10) **Criminal Background Check:** conducted through the applicant's sponsoring (arch)diocese or religious community and sent to CSC prior to admittance.

11) **Letter of Sponsorship:** issued by the applicant's (arch)diocese or religious community, including notice of canonical impediment status.

No canonical impediments to ordination must be present for admittance to the seminary unless duly dispensed by appropriate authority in accord with the norms of ecclesiastical law. *Codex Iuris Canonici* (Code of Canon Law, n. 1041) lists the following as impediments to receiving Holy Orders:

- Candidate exhibits some form of psychological insanity that expert consultation deems him unqualified to fulfill priestly ministry.
- Candidate committed apostasy, heresy, or schism.
- Candidate attempted illicit marriage.
- Candidate committed voluntary homicide.
- Candidate participated in an abortion or cooperated with the procuring of an abortion.
- Candidate mutilated himself or another.
- Candidate attempted suicide.
- Candidate simulated the office of priest or bishop.

All documents should be submitted no later than August 1 for admission for the fall semester, or December 1 for admission for the spring semester.

CONCEPTION SEMINARY COLLEGE  
OFFICE OF ADMISSIONS  
P.O. BOX 502  
CONCEPTION, MO 64433

Once the above documents have been received, the Admissions Committee will review the application. The members of the Committee may request on-campus interviews with the applicant before making a final decision. Upon completion of the review, the applicant will be informed of the Committee's decision.

# Conception Seminary College

Office of Admissions

P.O. Box 502 · 37174 State Hwy V V · Conception, MO 64433-0502

PH: (660)944-2886 · FAX: (660)944-2829 · [admissions@conception.edu](mailto:admissions@conception.edu)



**CONCEPTION**  
*Living the Benedictine Tradition*  
SEMINARY COLLEGE

## Application Form - Personal Information

Name: \_\_\_\_\_  
*First Middle Last*

Preferred name: \_\_\_\_\_ SSN: \_\_\_\_\_

Applying for the  Fall  Spring Semester of 20 \_\_\_\_\_ to the following program:  
 Language, Culture & Church (LCC)  College (Undergraduate)  Pre-Theology

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 provide name: \_\_\_\_\_

Have you ever attended a seminary?  Yes  No

If yes, please provide name: \_\_\_\_\_

Please list current or previous occupations below:

Employer	Occupation	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a U.S. Citizen?  Yes  No If no, Country of Citizenship: \_\_\_\_\_

Are you a veteran of the U.S. Armed Forces?  Yes  No

Who is responsible for paying your college expenses? \_\_\_\_\_

Would you like more information about financial aid?  Yes  No

Ethnicity:  Non-resident Alien  Hispanic (of any race)  Asian  American Indian/Alaskan Native  
 Black/ African American  Native Hawaiian/Pacific Islander  White  2 or more races (non-Hispanic)  
 Other/No Response

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# Application Form - Personal Information

(continued)

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

Have you taken the SAT Assessment?  No  Yes 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many children are in your family? \_\_\_\_\_ How many are older than you? \_\_\_\_\_

Father:  Living  Deceased Full name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother:  Living  Deceased Full name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

OR Guardian:  Living  Deceased Full name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

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 College 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:**

**CONCEPTION SEMINARY COLLEGE  
OFFICE OF ADMISSIONS  
P.O. BOX 502  
CONCEPTION, MO 64433**

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Office of Admissions

P.O. Box 502 · 37174 State Hwy V V · Conception, MO 64433-0502

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## Student 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: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Immunizations

**Conception Seminary College must have immunization records to meet State of Missouri Requirements.**

### Diphtheria/Tetanus {DTP or DTaP}

*(After the initial series of five shots, you need to have a booster at least every ten years.)*

Date given (Month/Day/Year)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Date given (Month/Day/Year)

4) \_\_\_\_\_

5) \_\_\_\_\_

Booster \_\_\_\_\_

*(if applicable)*

### Haemophilus Influenzae type B {Hib}

*(Need a series of three or four, depending on brand given.)*

1) \_\_\_\_\_

2) \_\_\_\_\_

' ) \_\_\_\_\_

4) \_\_\_\_\_

*(if applicable)*

### Hepatitis B {HepB}

*(Need a series of three or four, depending on brand given.)*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

*(if applicable)*

### Measles, Mumps, Rubella {MMR}

*(If you have not had two MMR injections after the age of 12 months, you will need an MMR before starting your freshman year.)*

1) \_\_\_\_\_

2) \_\_\_\_\_

### Meningococcal {MCV}

*(Two doses of MCV are required unless the first dose was administered at age 16 years or older, in which case only one dose is required.)*

1) \_\_\_\_\_

2) \_\_\_\_\_

*(if applicable)*

### Polio {IPV}

*(Need a series of at least four.)*

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

### Varicella {Chicken Pox} Have you had the Chicken Pox? Yes No

*(If no, two doses of varicella are required.)*

1) \_\_\_\_\_

2) \_\_\_\_\_

(continued on following page)

## Student Form: Medical Information

(continued)

### Allergies/Medications

Do you have any food allergies?  Yes  No If yes, explain: \_\_\_\_\_

Are you allergic to wheat or unable to consume wine?  Yes  No

Are you allergic to any medication?  Yes  No If yes, explain: \_\_\_\_\_

Are you currently taking any medication?  Yes  No If yes, explain: \_\_\_\_\_

Prescribing doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Hospitalizations

Have you ever been hospitalized?  Yes  No If yes, explain: \_\_\_\_\_

Do you have any other health problems?  Yes  No If so, explain: \_\_\_\_\_

### Family Medical History

Family	Year of Birth MM/DD/YYYY	Health Status		Illness										Death	
				Place an X in the appropriate box if you or a relative have had											
		Good	Poor	Asthma	Cancer or Tumor	Diabetes	Heart Trouble	High Blood Pressure	Mental Disorder	Arthritis	Stomach Trouble	Stroke	Cause of Death	Age at time of death	
Yourself															
Father															
Mother															
Siblings															

*Signature of Applicant*

*Date*

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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: _____	Mouth/Throat: _____	Extremities: _____
Height: _____	Ears: _____	Back/Spine: _____
Skin: _____	Chest/Lungs: _____	Neck: _____
Head: _____	Heart: _____	Rectum: _____
Eyes: _____	Abdomen: _____	Nervous System: _____
Nose: _____	Genitalia: _____	Restrictions: _____

### PLEASE INDICATE THE DATES OF THE FOLLOWING TESTS AND IMMUNIZATIONS

TB skin test or x-ray is required within the past year ~ Please attach a copy of the results.

Positive  Negative TB skin test date: \_\_\_\_\_

Positive  Negative 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

*As a part of the application process, the diocese requests the candidate have HIV testing and drug screening and the results forwarded to Conception Seminary College (CSC).*

HIV/AIDS test:  Positive  Negative Date: \_\_\_\_\_

After the candidate receives results of HIV test, the candidate must submit a photocopy of results to CSC.  
(All HIV test results are considered confidential information by CSC.)

Drug Screening:  Positive  Negative Date: \_\_\_\_\_

Verify immunizations to meet Missouri requirements:

Yes  No DTP or DTap (booster every 10 years)

Yes  No MMR

Yes  No Hib

Yes  No MCV

Yes  No HepB

Yes  No IPV

Yes  No Varicella or Evidence of Chicken Pox

Signature of MD/DO: \_\_\_\_\_ Date: \_\_\_\_\_

MD/DO Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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## Meningococcal Vaccination Requirement

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### FILL OUT SECTION 1 OR SECTION 2

#### **SECTION 1 ~ 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 received meningococcal vaccine on: \_\_\_\_\_  
Date: MM/DD/YYYY

Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider*

\_\_\_\_\_  
*Date*

#### **SECTION 2 ~ Vaccine Waiver requesting an exemption from the requirement: 2A or 2B to be completed by the individual or parent/guardian (for those younger than 18 years of age).**

2A - {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 Conception Seminary College policy requires that students be vaccinated against meningococcal disease or sign a waiver. With this waiver, I seek exemption from the vaccination 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.

\_\_\_\_\_  
*Printed Student Name*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

or 2B - {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 Conception Seminary College policy requires that students be vaccinated against meningococcal disease or sign a waiver. With this waiver, I seek exemption from the vaccination 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, 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 meningococcal disease.

\_\_\_\_\_  
*Printed Parent/Guardian Name*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*



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## Gaming, Social Media, and Internet Screening

*(Please list ALL accounts, including multiple accounts.)*

Student's Name: \_\_\_\_\_

<u>Social Media Site, App, or Website</u>	<u>Username</u>	<u>Use/Purpose</u>	<u>Last accessed</u>	<u>Frequency</u>
Amazon	_____	_____	_____	_____
BeReal	_____	_____	_____	_____
eBay	_____	_____	_____	_____
Etsy	_____	_____	_____	_____
Facebook	_____	_____	_____	_____
Facebook Messenger	_____	_____	_____	_____
Hulu	_____	_____	_____	_____
Instagram	_____	_____	_____	_____
LinkedIn	_____	_____	_____	_____
Microsoft Teams	_____	_____	_____	_____
Netflix	_____	_____	_____	_____
Pinterest	_____	_____	_____	_____
Quora	_____	_____	_____	_____
Reddit	_____	_____	_____	_____
Skype	_____	_____	_____	_____
Snapchat	_____	_____	_____	_____
Telegram	_____	_____	_____	_____
TikTok	_____	_____	_____	_____
Twitch	_____	_____	_____	_____
Twitter	_____	_____	_____	_____
WeChat	_____	_____	_____	_____
WhatsApp	_____	_____	_____	_____
YouTube	_____	_____	_____	_____
VSCO	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

<u>Gaming Site</u>	<u>Username/Gamertag</u>	<u>Use/Purpose</u>	<u>Last accessed</u>	<u>Frequency</u>
Fortnite (Epic Games)	_____	_____	_____	_____
Google Play	_____	_____	_____	_____
Minecraft	_____	_____	_____	_____
Origin (EA Play)	_____	_____	_____	_____
PlayStation Network	_____	_____	_____	_____
Roblox	_____	_____	_____	_____
Steam	_____	_____	_____	_____
Xbox (Microsoft)	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____