UNIVERSITA ONTIFICA SALESIANA

Piazza dell'ateneo Salesiano, 1 00139 – Roma – Tel. (06)87291

SALESIAN PONTIFICAL UNIVERSITY

Faculty of Theology – Jerusalem Campus Rehov Shmuel Hanagid, 26 – P.O. Box 7336 9107202 – Jerusalem – Israel / Phone: 02.625.9171

		PERSONAL DATA FORM (In block capitals)							
			I. GENERAL PERSONAL DETAILS						
		I. GE	I. GENERAL PERSONAL DETAILS						
		Surname:							
	Name (Baptismal):								
		Name as Religious:							
		Father's Name:							
		Mother's Name	:						
Born:	Day:				City:				
Province	<u> </u>	Diocese:			Nation:				
		II. ECCLIAST	ICAL AND RE	LIGIOUS CURRICULUM					
Diocese	(for secular Priests):								
	s Institute:								
Province	e (Religious):								
	ofession: Where? When?								
Final Pro	ofession: Where?			When?					
Priestly	Ordination: Where?			When?					
		III. ENROLMENT II	N THE SALES	IAN PONTIFICAL UNIVERS	SITY				
Facility o	or Institute:								
Date:	Day:		n:	Year:					
Status: (ordinary – extraordinary	– audit):							
		IV.	CURRICULUI	M OF STUDIES					
1.	HIGHER PRE UNIVERSIT	Y STUDIES:							
V Ir D	Which?								
	In which school?								
	Duration of the Course		Years.	How many preced					
	Legal diploma obtained	:			In the Year:				
2.	UNIVERSITY STUDIES C Which?	OMPLETED:							
	In which University or I								
	For how many years?			I.a. Al					
	Degree or diploma obta	ained:		In th	ne year:				

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3.	PHILOSOPHICAL STUDIES AT ECCLESIASTICAL FACILITIES OR INSTITUTES:							
	In which facility or institute?							
	How many years?		To:					
	Philosophy qualification obtained:							
	Where?	When?		Mark obtained:				
4.	THEOLOGICAL STUDIES AT ECCLEASTICAL FACILITIES OR INSTITUTES:							
	In which facility or institute?							
	For how many years?	From:		To:				
	Theology qualification obtained:							
	Where?	When?		Mark obtained:				
5.	OTHER CIVIL OR ECCLESIASTICAL FACILITIES OR INSTITUTES: a.							
	Qualifications obtained:							
	Where?	When?						
	b							
	Where?	When?						
	C.							
	Where?	When)					
	V. RESIDENCE DURING THE ACADEMIC YEAR:							
_								
Address	:							
ZIP code Telepho	:: Ci	ty:						
тетерно	nie							
ANNOT	ATIONS:							
				Student's Signature				