

Describe, to the extent that you are able at this time, the kind of ministry you foresee after your sabbatical.

What areas of personal development do you see as particularly important for you during your sabbatical?

How did you learn about New Directions at the Jesuit School? (Optional)

- A Friend A JSTB Alumnus/a (Please give name) _____
- My Religious Superior A Publication (Please specify which one) _____
- JSTB Web Site Other (Please describe) _____

I certify that the statements in this application are true and complete to the best of my knowledge.

DATE

SIGNATURE OF APPLICANT

Return to: Office of Admissions
Jesuit School of Theology at Berkeley
1735 LeRoy Avenue
Berkeley, CA 94709 USA
Phone 510.549.5000, Toll-free in U.S. 800.824.0122
Fax 510.841.8536, E-Mail: admissions@jstb.edu

YOUR SABBATICAL APPLICATION CHECKLIST

- Completed and signed Application.
- \$50.00 Application Fee, payable in U.S. dollars only.
- A 750-1000 word autobiographical sketch emphasizing your personal development, including why you see the New Directions program as helpful for you and your future ministry.
- Sabbatical students who plan to audit classes** must send *official certification* of their most recently completed academic degree program. **Sabbatical students who plan to take classes for credit** must submit *official transcripts* of their most recently completed academic degree program.
- Two letters of recommendation from persons who know you well. The letters will give an opinion of your academic and personal qualifications for the sabbatical program. Anyone writing the letter of recommendation should send it directly to the Office of Admissions at the Jesuit School.
- For applicants from other countries who will require an F-1 Student Visa: A letter or statement verifying your support during your stay in the United States from the person or organization that will be responsible for your financial needs (for example, your religious superior or bursar, a sponsoring agency, family or financial institution in the case of personal financial responsibility).

For Office Use Only Fee Received: Amt _____ Date _____ By _____

JESUIT SCHOOL OF THEOLOGY

at Berkeley

LETTER OF RECOMMENDATION

TO THE APPLICANT

Complete the information below and give this form to your recommender.

Applicant's Name _____
LAST (Family name) *FIRST (Given name)* *MIDDLE* *SUFFIX*

Degree program to which you are applying _____

In accordance with provisions of the Federal Education and Privacy Act of 1974, enrolled students have the right to see their letters of recommendation unless they explicitly waive that right.

- I waive my right of access to this recommendation. I do not waive my right of access to this recommendation.

Applicant's Signature _____ Date _____

TO THE RECOMMENDER

Name of Recommender _____ Position _____

Institution & Address _____

How long and in what capacity have you known the applicant? _____

ACADEMIC EVALUATION

- Recommend strongly
- Recommend
- Recommend with reservation
- Not recommended
- Unable to make academic recommendation

WRITTEN EVALUATION

Letters of recommendation play an important role in the admissions process at the Jesuit School of Theology at Berkeley. We appreciate your candid assessment of the applicant's academic and personal qualifications for the program designated.

Please attach your letter to this form and send it directly to: **Office of Admissions, Jesuit School of Theology at Berkeley, 1735 LeRoy Avenue, Berkeley, CA 94709.** You may FAX the recommendation to **510.841.8536** (please send the signed original by mail.) You may contact the Office of Admissions at **510.549.5016** or by email at **admissions@jstb.edu**.

Recommender's Signature _____ Date _____