

[AF-CEI]

Tantur Ecumenical Institute For Theological Studies

**Three-Month Continuing Education / Spiritual Renewal**

Application to Admissions Board

*P.O. Box 19556  
91194 Jerusalem, Israel*

*Tel: 972-2-676 09 11  
Fax: 972-2-676 09 14  
E-mail: tantur@netvision.net.il*

I apply for the Sept–Dec  (check ONE only) 3-month Session of the year .....

Full name as in passport .....

Home Address:.....

..... Tel:..... Fax:.....

Date of Birth..... Place of Birth..... Nationality.....

Marital Status..... Father's first name.....

Passport No..... Date of Issue..... Date of Expiry.....

Place of Issue..... Proposed arrival date..... Departure.....

If family member(s) accompany you:

Name & Relationship	Birth Date	Birth Place	Passport No	Date/Place of Issue
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Name, address, phone/fax of person(s) to be contacted in case in emergency:

Current employment, relevant past positions

Institution/Employer	Position	Type of work	Dates
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Religion/Church/Community of primary loyalty: .....

If ordained, year of ordination .....

**Please indicate your service or activities specifically related to:**

a) Your religious community

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b) Christian ecumenical and interreligious relations

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Why you want the Tantur experience, your personal goals and expectations:  
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First Language ..... Others spoken ..... Others read.....  
First time in Holy Land? ..... If not, how many times and when last .....

.....  
**References** (If applicable, ecclesiastical superior; and one academic)

1. Name ..... Position .....  
Tel ..... Fax .....  
Address .....

2. Name ..... Position .....  
Tel ..... Fax .....  
Address .....

.....  
**Personal Information**

Special Health Problems .....  
Special Diet Requirements .....

**Please attach one passport-size photograph + application fee \$100.**

I enclose \$100 registration fee..... Yes / No, but I will send \$100 by separate mail on .... / .....  
Make cheque out to 'University of Notre Dame,' the name on our bank account. May be in  
Sterling or Euro equivalent.

Signed ..... Date .....