

## **Application**

## **DIPLOMA IN SPIRITUAL DIRECTION**

Be sure to open and save this form using Adobe Acrobat Reader to ensure the fillable function works properly.

Last Name:	First Name:
Student Number:	Program:
Status in Canada: Canadian Citizen	Permanent Resident Study Permit
Year you began your Basic Degree program:	
Completed the four required units in your Basic Degre	e (BD) program? Yes No
Have you previously made an Ignatian Retreat?:	
Do you currently have a spiritual director?	
Do you have a current Police Check (within the last 5 years), or have you applied for one? Yes No	
PERSONAL AND CONTACT DETAILS:	
Religious Affiliation (e.g. Catholic, Methodist, Buddhist):	
Status (Lay or Religious), Congregation (if applicable):	
briefly, what are the career and/or personal goals you	wish to pursue through the Diploma in Spiritual Direction:
Date of Birth (DD/MM/YYYY):	
Current Address:	
Primary Phone Number:	
Secondary Phone Number (if applicable):	
E-Mail Address:	
To successfully complete the program application, include the following with this form:	
DSD Self-Evaluation Form Statement of Inter	nt (for the study of Spiritual Direction Ministry)
Two Letters of Reference Your Discernment	Paper from RGP3248Y
Make an appointment with the Program Director for an interview	
Application Submi	ssion Date: