

# Diocesan Theological Institute

Diocese of Rockford

Registration



## APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Primary Phone	E-mail Address (Please be specific; i.e. the letter "l" vs. the number "1".)		
Alternate Phone	Parish Name	Parish City	

Are you a graduate of the Ministry Formation Program? YES  NO   
If "NO", what Ministry Formation Program equivalent have you completed?  
(Please be specific.) \_\_\_\_\_

Are you a Permanent Deacon for the Rockford Diocese? YES  NO

Course(s) you are registering for:

Name of Course:	Course Instructor:	Course Dates:	Credit or Audit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return registration with \$100.00 check per registered course. Check should be made payable to Ministry Formation Office and returned to the Diocese of Rockford, Ministry Formation Office, P. O. Box 7044, Rockford, IL 61125.

Signature	Date
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