PERMISSION FROM MAJOR SUPERIOR FORM
For Priests and Religious Only

As an Ecclesiastical Faculty, we must require that either the superior of a Roman Catholic religious order or the bishop of a diocesan priest support the enrollment and attendance of study, pursuant to a degree at Boston College School for Theology and Ministry. All priests and religious of a Roman Catholic Order must obtain a letter from their bishop or superior indicating their complete awareness and support of studies at the Boston College School of Theology and Ministry. The letter should be an original letter (no copies) on official letterhead signed by your bishop or major superior and include:

• Degree to which you are applying
• Intended semester in which you intend to enroll
• Contact information for your superior

Please address the letter to Adam Poluzzi, Ph.D., Associate Dean. Please send the letter and this completed form, to the following address:

Boston College School of Theology and Ministry
Processing Center
P.O. Box 67406
Chestnut Hill, MA 02467

TO BE COMPLETED BY THE APPLICANT
Applicant’s Name

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Intended Degree ___________________________ Intended Term of Entry ___________________________

I certify that the information contained in this application is both accurate and complete to the best of my knowledge.

Applicant’s Name (Printed) ___________________________ Applicant’s Signature ___________________________ Date ___________________________

TO BE COMPLETED BY THE RESPONDENT
In a separate letter with the official letterhead of your office, please indicate your complete knowledge and support for the student’s studies indicating degree and semester of initial enrollment. The letter must be signed by the student’s major superior or bishop.

Superior’s Name

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Order/Congregation: ___________________________ Province/Diocese: ___________________________

I certify that the information contained in this application is both accurate and complete to the best of my knowledge.

Respondent’s Name (Printed) ___________________________ Respondent’s Signature ___________________________ Date ___________________________