



PONTIFICAL COLLEGE
JOSEPHINUM

FALL LIVE-IN REGISTRATION FORM

October 17–19, 2019

Personal Information

Full Name _____ Age _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Cell Phone (_____) _____ Home Phone (_____) _____

Home Diocese _____

Interests/Hobbies _____

Special Needs/Dietary Concerns _____

Education Information

___ High School Student. Class level: ___ Junior ___ Senior

(Live-In guests must be at least in their junior year)

___ College Student. Institution and current class level: _____

Do you have a bachelor's degree? ___ Yes ___ No

If so, from where? _____

Live-In Travel Arrangements

___ Arrival by car. Approximate time of arrival: _____

___ Arrival by plane. Airline/flight number: _____ Day/time of arrival: _____

A representative from the Josephinum will meet your flight at Port Columbus. Ideally, you would arrive Thursday, early to mid-afternoon.

Have you visited any other seminary/colleges? ___ Yes ___ No

If yes, which institutions? _____

Please return this form to:

Father Michael J. Lumpe
Vice Rector, College of Liberal Arts
Pontifical College Josephinum
7625 North High Street
Columbus, OH 43235