



PONTIFICAL COLLEGE
JOSEPHINUM

SPRING LIVE-IN REGISTRATION FORM
March 26-28, 2020

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