

**CONFIDENTIAL RECOMMENDATION FOR
PARTICIPANT IN THE HESBURGH SABBATICAL PROGRAM**

Name: _____ Session: _____

In order to be of the most effective service to the person named above who seeks to be part of the Hesburgh Center program, we ask that you respond as fully and carefully as you can to the questions below. We have neither the facilities nor the personnel to care for persons who have serious physical or emotional problems. Thank you for your help.

1. Is the person named above under any restrictions in your Diocese or Province?

YES _____ NO _____

COMMENTS:

2. Does she or he have good physical health? (If there is need for any special physical care, please note it specifically).

YES _____ NO _____

COMMENTS:

3. Is she or he have good mental health? (If there is any emotional instability, alcohol or chemical dependency, or instances of sexual activity with minors or adults, please note it specifically).

YES _____ NO _____

COMMENTS:

4. Is there any relevant information which would help us serve this person better, e.g., difficulties in religious or diocesan life, major problems in previous assignments, etc.? Please use the other side of this page if needed.

NAME _____

DATE _____

SIGNATURE _____

POSITION _____

Please return this to:
Hesburgh Sabbatical Program
Catholic Theological Union
5401 S. Cornell Ave.
Chicago, IL 60615