



# THE LITURGICAL INSTITUTE

## UNIVERSITY OF SAINT MARY OF THE LAKE

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PLEASE SEND ME FURTHER INFORMATION ON THE PROGRAMS OF THE LITURGICAL INSTITUTE:

\_\_\_\_\_  
Title First Name Middle Initial Last Name

Current Institutional Affiliation: \_\_\_\_\_  
(church/diocese/religious house/university or company at which you are employed, minister, study or live)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP code

Present employment: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

PLEASE SEND:

Information brochures on Academic programs: \_\_\_\_\_ Application for Admission: \_\_\_\_\_

I AM INTERESTED IN THE FOLLOWING:

\_\_\_\_\_ Full-time study \_\_\_\_\_ Part-time study

\_\_\_\_\_ Master of Arts (Liturgical Studies)- *academic degree*

\_\_\_\_\_ Master of Arts in Liturgy - *professional degree*

\_\_\_\_\_ S.T.L. with Sacramental Theology specialization (requires an M.Div., S.T.B. or equivalent)

\_\_\_\_\_ S.T.D. with Sacramental Theology specialization (requires an S.T.L.)

\_\_\_\_\_ Liturgical Institute conferences and programs throughout the year