

titolo di studio *For Religious only*

[Your detailed Address here]

Full date

Pontifical Faculty of Theology Teresianum

Piazza San Pancrazio 5/A

00152 Rome

Italy

**STUDY PERMISSION: COURSE IN SPIRITUAL THEOLOGY ONLINE**

I give my permission and recommendation for *[insert name of student here]* to enroll in the Course in Spiritual Theology Online through the Pontifical Faculty of Theology Teresianum, Rome, Italy.

[please print and sign here]

Name of Major Superior