



**BLACK CHURCH (UTI) CONCENTRATION  
or SPECIALIZATION**

- **APPLICATION FOR ADMISSION TO CONCENTRATION/SPECIALIZATION**
  - **PLAN FOR SATISFACTION OF REQUIREMENTS**
    - **CERTIFICATION OF COMPLETION**

The Rev. Quintin Robertson, Director  
215-248-7324 or qrobertson@ltsp.edu

NAME OF STUDENT: \_\_\_\_\_

DEGREE PROGRAM: \_\_\_\_\_

DATE BEGIN PROGRAM: \_\_\_\_\_

DATE FINISH (EST.): \_\_\_\_\_

FACULTY ADVISOR: \_\_\_\_\_

**APPLICATION FOR ADMISSION TO CONCENTRATION/SPECIALIZATION**

*Application for admission to the concentration is filed with the registrar preferably no later than January Term of the junior year for full-time students or upon completion of 4.0 course units by part-time students.*

I request admission to the Black Church (UTI) Concentration/Specialization in the degree program indicated above. I will schedule a meeting as soon as possible with Director of the Urban Theological Institute.

\_\_\_\_\_  
Signature of Student                      Date

Admission is (\_\_\_ approved)                      (\_\_\_ denied)

\_\_\_\_\_  
Signature of Director of the Urban Theological Institute                      Date

**After recording the disposition of the student’s application, the *Director* is to file one copy each of this page with the Registrar, the student, and the student’s advisor. Program progress is then to be recorded on the reverse (page 2) by the Director, who will keep the form on file until student’s program is completed or terminated.**

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