



Optional Institutional Endorsement Form
(Ph.D. Program)

THIS PORTION TO BE COMPLETED BY THE APPLICANT:

Name _____

I hereby waive my right to examine this form in the event that I become a student at LTSP.

Applicant's signature Date

I do not waive my right to examine this form in the event that I become a student at LTSP.

Applicant's signature Date

Please attach a letter to this form in which you describe the following:

- how long and in what capacity you know the applicant
- academic ability and initiative
- emotional maturity
- oral and written communication skills
- Christian faith and commitment
- creativity and imagination
- motivation for proposed study
- the work this person has done or that you anticipate him/her doing for your institution
- the need of your institution that you expect this person to fill upon completion of Ph.D. work
- other factors pertinent to Ph.D. degree work

Signature _____ Date _____

Name (please print or type) _____ Position _____

Institution _____

Address _____

Phone _____ Email _____

This form to be postmarked no later than **January 15** and mailed to:
Admissions Office (Ph.D. Program)
The Lutheran Theological Seminary at Philadelphia
7301 Germantown Avenue
Philadelphia, PA