



**STUDENT WAIVER**

Name \_\_\_\_\_

Program of Study \_\_\_\_\_

I give my permission for The Lutheran Seminary at Philadelphia to provide a copy of this document to my judicatory upon its request.

\_\_\_\_\_

*Student's Signature*

*Date*

I do not give my permission for The Lutheran Seminary at Philadelphia to provide a copy of this document to my judicatory upon its request.

\_\_\_\_\_

*Student's Signature*

*Date*

**STUDENT SUMMARY EVALUATION**

The following four sections are summary evaluations of the student's preparedness for ministry at The Lutheran Theological Seminary at Philadelphia. The student's faculty advisor/the faculty have approved this summary.

**Academic and Theological Competence**

**Call to Ministry and Ministry Gifts**

**Practical Readiness and Leadership Skills**

**Student Comments**

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

**Signature of Advisor** \_\_\_\_\_ **Date** \_\_\_\_\_