

Request for Cluster Student Exchange

Eastern Cluster of Lutheran Seminaries (ECLS)

Lutheran Theological Seminary, Gettysburg (LTSG)

Lutheran Theological Southern Seminary (LTSS)

The Lutheran Theological Seminary at Philadelphia (LTSP)

PLEASE PRINT: File this form with the Dean of your "Home Seminary" by *April 1 for Fall*, or by *November 1 for Winter/Spring* entrance.

NAME: _____
[Last] [First] [Initial] [Title, e.g., Ms., Mr.]

SOC. SEC. NUMBER: _____ - _____ - _____ DATE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____ VISA (if not USA) _____

ADDRESS WHILE AT HOME SEMINARY: _____

TELEPHONE NUMBERS LOCATION (personal or seminary housing, work)
() _____ - _____ _____
() _____ - _____ _____

HOME SEMINARY (where you are on the roll as a degree or certificate candidate):
_____ LTSG _____ LTSS _____ LTSP
PROGRAM: _____ M.Div. _____ M.A.R. _____ Other: _____
EXPECTED DATE OF COMPLETION OF PROGRAM REQUIREMENTS: _____

UNDERGRADUATE COLLEGE: _____
[B.A. or equivalent] Degree: _____ Year: _____
DENOMINATION: _____ ELCA _____ Other: _____
If ELCA, list Synod: _____
HOME CONGREGATION: _____
LOCATION: _____

REQUEST

I request exchange enrollment at the Host Seminary checked for the term/terms indicated:
Academic Year: 20__ -- 20__ at _____ LTSG _____ LTSS _____ LTSP
Term: _____ Beginning date: _____
Term: _____ Beginning date: _____
Term: _____ Beginning date: _____

By my signature below, I grant permission for the academic, finance, and financial aid officials of the Host Seminary to consult with their counterparts at my Home Seminary as necessary for competent administration of my exchange program. I understand that full reciprocity applies between the two seminaries in regard to requirements for satisfactory status of my financial accounts with the seminaries or their auxiliaries, and in regard to sanctions applied in the absence of such satisfactory status.

[signature of student applicant] [date]

HOME SEMINARY APPROVAL:

[signature of Home Seminary Dean] [date]