



2481 Como Ave. + St. Paul, MN 55108
(651) 641-3469 + FAX (651) 641-3497
E-mail: mhayes@luthersem.edu

Luther Seminary's vision is to become an internationally recognized confessional seminary educating leaders for the church in a new era of mission.

DESCRIPTION OF STUDY PROGRAM, AIMS AND GOALS FOR THE FUTURE

(to be completed by applicant)

NAME OF APPLICANT: _____

1. Description of the study or training program for which you are requesting admission at Luther Seminary.
2. How do you see your study program assisting you in your future role of service to your Church?
3. Is the training you seek available in your home country or adjacent country? (Please explain)
4. Do you intend to work toward a degree or diploma? If so, what degree or diploma?
5. How would this program assist your growth as a person?
6. Other comments that will assist us in understanding your goals and aims for the future:

(Please attach additional pages if more space is required to complete the questions.)



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TEACHER

CONFIDENTIAL LETTER OF RECOMMENDATION

(to be in English, typewritten if possible)

_____ is applying for admission at Luther Seminary. therefore, we ask your assistance in evaluating this applicant and the applicant's suitability for admission.

Please answer the following questions and add any comments that you believe will assist us in evaluating this person's academic qualifications. **Please use additional pages if you have more information you think would be helpful to us.**

1. How long have you known the applicant? _____

2. In what capacity have you know the applicant? _____

3. Please record your evaluation of this person on the following chart.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
CHRISTIAN COMMITMENT:			
SUCCESS IN PREVIOUS STUDIES:			
INTELLECTUAL CAPACITY:			
LEADERSHIP ABILITY:			
EMOTIONAL MATURITY:			
ADAPTABILITY:			

4. How would you rate this person in terms of academic competence for graduate-professional studies; motivation for study:

5. Assess this person's communication and written skills in English: _____



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(Over)

6. Would you like to see this person in the ministry or other leadership capacities in the church? (If no, explain).

7. What is there, if anything, which would detract from the applicant's effectiveness as a leader in the church?

8. Other comments that you believe would be helpful in our knowledge of this person:

SIGNATURE _____ **DATE** _____

NAME: (please print) _____

ADDRESS _____

May we contact you if we need further information? _____

RETURN DIRECTLY TO: Office of International Student Services
 Luther Seminary
 2481 Como Avenue
 St. Paul, MN 55108, U. S. A.



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**PERSONAL
 CONFIDENTIAL LETTER OF RECOMMENDATION**

(to be in English, typewritten if possible)

_____ is applying for admission at Luther Seminary. therefore, we ask your assistance in evaluating this applicant and the applicant's suitability for admission.

Please answer the following questions and add any comments that you believe will assist us in evaluating this person's academic qualifications. **Please use additional pages if you have more information you think would be helpful to us.**

1. How long have you known the applicant? _____

2. In what capacity have you know the applicant? _____

3. Please record your evaluation of this person on the following chart.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
CHRISTIAN COMMITMENT:			
SUCCESS IN PREVIOUS STUDIES:			
INTELLECTUAL CAPACITY:			
LEADERSHIP ABILITY:			
EMOTIONAL MATURITY:			
ADAPTABILITY:			
STABILITY OF CHARACTER:			

4. How would you rate this person in terms of personal interaction or relations with others; motivation for study: _____

5. Assess this person's communication and written skills in English:

(Over)



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6. Would you like to see this person in the ministry or other leadership capacities in the church? (If no, explain).

7. What is there, if anything, which would detract from the applicant's effectiveness as a leader in the church?

8. Other comments that you believe would be helpful in our knowledge of this person:

SIGNATURE _____

DATE _____

NAME: (please print) _____

ADDRESS _____

May we contact you if we need further information? _____

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INSTITUTIONAL ENDORSEMENT

(This form must be completed by an official of the institution and returned with the application form. Please complete in English, typewritten if possible.)

NAME OF APPLICANT _____

APPLICANT'S PRESENT ACTIVITIES AT THE INSTITUTION: _____

How will the proposed program equip the applicant to better serve the institution?

If the study program and future plans of the applicant are not directly related to the institution, why does the institution wish to recommend the applicant?

Has the appropriate institutional committee or board approved the application? When?

How much can the institution contribute toward the expenses of the applicant's program?

If the applicant has family or family members who will not accompany the applicant, please state how they will be supported during the period of separation.

SIGNATURE _____ **DATE** _____

NAME (Please print) _____

POSITION/TITLE _____

INSTITUTION _____

ADDRESS _____

TELEPHONE _____ **FAX NO.** _____

E-MAIL ADDRESS _____



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CHURCH ENDORSEMENT

(This form must be completed by an official of the institution and returned with the application form. Please complete in English, typewritten if possible.)

NAME OF APPLICANT _____

APPLICANT'S PRESENT ACTIVITIES IN THE CHURCH

APPLICANT'S ASSIGNMENT IN THE CHURCH UPON COMPLETION OF STUDY PROGRAM: _____

Has the appropriate church committee or board approved the application? When?

Does your church have an agreed-upon length of service/commitment with the applicant following studies?

Yes _____ how long? _____

No _____ If no, why? _____

When will this candidate be available to begin studies? _____

How much can the church contribute toward the expenses of the applicant's program? _____

Per Year

If the applicant has family, please indicate your view on the plans for the family. Are you prepared to assist in their support while the student is studying abroad?

How will the proposed program equip the applicant to better serve the church? Describe in detail how the applicant's proposed program complement the leadership development plans and program priorities of the church.

If the study program and future plans of the applicant are not directly related to the church, why does the church body wish to recommend the applicant?

Has the applicant ever been convicted in a criminal or civil court, particularly for sexual misconduct, illegal drug use, financial mismanagement, or physical/mental abuse of spouse or children?

No _____ Yes _____ if yes, explain

Does the applicant live by high moral and ethical standards?

SIGNATURE _____ **DATE** _____

NAME (Please print) _____

POSITION/TITLE IN THE CHURCH _____

ON BEHALF OF _____ **CHURCH** _____

ADDRESS _____

TELEPHONE _____ **FAX NUMBER** _____

E-MAIL ADDRESS _____



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CERTIFICATE OF HEALTH

(This form is to be completed by physician after physical examination)

NAME OF APPLICANT _____ **AGE** _____

ADDRESS _____

- A. Are there any abnormalities of the following systems? If yes, please describe fully, using additional pages, if necessary.
 - 1. Head, ears, nose or throat _____
 - 2. Respiratory _____
 - 3. Cardiovascular _____
 - 4. Gastrointestinal _____
 - 5. Eyes _____
 - 6. Genitourinary _____
 - 7. Musculoskeletal _____
 - 8. Metabolic/Endocrine _____
 - 9. Neuropsychiatry _____
 - 10. Skin _____

- B. Has the applicant had a recent dental examination? Was corrective work performed?
 (If yes, please give details)

- C. Has the applicant been under observation or treatment (medical, surgical or other) for any illness or injury during the past five years? (If yes, please give details)

- D. Have there been any restrictions on the applicant's activity during the past five years due to physical, mental, or emotional problems?

- E. The applicant's physical and mental health condition are:
 EXCELLENT _____ GOOD _____ FAIR _____ POOR _____
 If less than excellent, please give details.



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Page two (**Health Form**)

F. Immunization

Minnesota Law (M.S. 135A.14) requires that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions.

Please provide us with your immunization information. Enter the month, day (if available), and year of the most recent "booster" for diphtheria and tetanus (must be within the last 10 years) and for all doses of vaccine for measles, mumps, rubella, and hepatitis B that were given after 12 months of age.

	Month/day/year	Month/day/year
Diphtheria & Tetanus (Td)		
Measles (rubella, red measles)		
Mumps		
Rubella (Germany measles)		
Hepatitis B		

G. Any further comments on the applicant's health that might assist us in our assessment of the applicant as a student.

SIGNATURE _____

NAME (Please print) _____

TITLE _____

PLACE _____

DATE _____