

Luther Seminary
St. Paul, MN
Office of Graduate Theological Education
651-641-3203, gte@luthersem.edu

LIBRARIAN'S INSPECTION AND CERTIFICATION
OF M.TH. THESIS

CANDIDATE'S NAME: _____

DIVISION: _____

THESIS ADVISER: _____

THESIS TITLE: _____

A typographically perfect, **unbound, final** copy of the thesis has been approved by the Luther Seminary library staff, and has been certified to be in accord with the requirements for style and format as set out in the *Catalog* and *The Shortcut*.

Librarian

Date

* * * * *

Two copies of the **bound** thesis have been presented to the library:

Librarian

Date

Associate Dean-Graduate Theological Education

Date