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

# M.TH. THESIS ADVISER

STUDENT'S NAME:_____

AREA OF CONCENTRATION:_____

AREA OF INTEREST FOR THESIS:_____

PROPOSED THESIS ADVISER:_____

Note: It is advisable to check on the proposed adviser's sabbatical schedule to ensure he/she will be available during the time you plan to write your thesis.

**Approved by proposed thesis adviser:**

_____ _____
Proposed Thesis Adviser Date

**Approved by Associate Dean–Graduate Theological Education:**

_____ _____
Associate Dean–Graduate Theological Education Date

## REMINDERS:

—It is the responsibility of the student to secure the signature of the proposed thesis adviser.

—Submit this form with the proposed thesis adviser's signature to the Office of Graduate Theological Education.

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