

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

M.TH. THESIS PROPOSAL

STUDENT'S NAME: _____

AREA OF CONCENTRATION: _____

THESIS ADVISER: _____

Language examination completed: _____
Admin Asst. GTE Date

Approved by thesis adviser: _____
Thesis Adviser Date

Approved by proposed thesis readers: _____
Thesis Reader Date

Thesis Reader Date

Approved by division: _____
Division Chair Date

Approved by Committee on Graduate Theological Education

Associate Dean—Graduate Theological Education Date

REMINDERS:

- It is the responsibility of the **student** to secure all the above signatures.
- Submit this form with above signatures, **along with the proposal itself**, to the Office of Graduate Theological Education to obtain the approval of the Graduate Theological Education Committee.
- An electronic version of the proposal must be sent to the GTE Office for dissemination among the graduate committee members (gte@luthersem.edu)