

Luther Seminary

Application to the **PHD PROGRAM**

(All applications due Jan. 1)

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Graduate Theological Education, Luther Seminary, 2481 Como Ave., St. Paul, MN 55108
gte@luthersem.edu, 651-641-3203

DATE _____ **ACADEMIC YEAR** for which admission is sought: 20____ - _____

NAME: _____
Last Name First Name Middle Name

CURRENT MAILING ADDRESS: _____

TELEPHONE NUMBER: (____) _____ **SOC. SECURITY NO:** _____

E-MAIL ADDRESS: _____

PRESENT POSITION: _____

WORK ADDRESS: _____

FIELD OF MAJOR STUDY IN WHICH YOU PLAN TO CONCENTRATE:

- Congregational Mission and Leadership
- History of Christianity
- Pastoral Care and Counseling
- Systematic Theology

LIST ALL COLLEGES, SEMINARIES, AND GRADUATE SCHOOLS ATTENDED:

<u>Name and Location of Institution</u>	<u>Dates of Attendance</u>	<u>Degree</u>	<u>Date Awarded or Expected</u>
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Theological seminary (or graduate school):

College or university:

College major: _____ **Minor:** _____

Have you previously submitted an application to Luther Seminary? _____ **When?** _____

For what program? _____

List any other relevant educational programs attended or certifications received:

List any academic or special honors received in college, seminary or other schools of higher education:

Indicate titles, places and dates of publication of any scholarly books or articles you have authored:

Indicate all ecclesiastical, educational and community positions you have held, including pastorates, and the dates of each:

Position and Location

Dates

DENOMINATIONAL AFFILIATION: _____

If ordained, by what body were you ordained? _____ Date: _____

Name and address of official body having immediate jurisdiction over your ministry: _____

Official congregational membership: _____

U.S. CITIZEN: Yes No If no, indicate country: _____

U.S. VETERANS' BENEFITS: Yes No **US. LEGAL RESIDENCY STATUS:** Yes No

Luther Seminary admits qualified students without regard to race, color, gender, national or ethnic origin or disability.