

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

## CLINICAL SETTING VERIFICATION FOR PH.D. PCC TRACK

Student name: \_\_\_\_\_

CPE prerequisite site:  
(if necessary) \_\_\_\_\_  
\_\_\_\_\_

1st year site: \_\_\_\_\_  
\_\_\_\_\_

2nd year site: \_\_\_\_\_  
\_\_\_\_\_

To my knowledge, all required clinical work has been successfully completed:  
(Please attach a written statement from the site supervisor if available.)

\_\_\_\_\_  
Adviser

\_\_\_\_\_  
Date