

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

PH.D. 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 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