

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

PH.D. COMPREHENSIVE EXAMINATION PROPOSAL

STUDENT'S NAME: _____

AREA OF CONCENTRATION: _____

THESIS ADVISER: _____

Entrance Examinations completed: _____
Graduate Education Admin Asst _____ Date _____

Language Examinations completed: _____
Graduate Education Admin Asst _____ Date _____

Proposal approved by thesis adviser: _____
Thesis adviser _____ Date _____

Proposal approved by comprehensive readers: _____
Comprehensive reader _____ Date _____

_____ Date _____
Comprehensive reader

Proposal approved by division: _____
Division chair _____ Date _____

Proposal approved by Advisory Committee on Graduate Theological Education: _____
Associate Dean—Graduate Theological Education _____ Date _____

REMINDERS:

—It is the responsibility of the **student** to secure all above signatures.

—Submit this form with the required signatures to the Office of Graduate Theological Education for approval by the Advisory Committee on Graduate Theological Education.

—**An electronic version** of the comprehensive proposal must be sent to the Office of Graduate Theological Education for dissemination among the graduate committee members.
(gte@luthersem.edu) rev. 05/06