

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

LIBRARIAN'S INSPECTION AND CERTIFICATION OF PH.D. THESIS

CANDIDATE'S NAME: _____

DIVISION: _____

THESIS ADVISER: _____

THESIS TITLE: _____

A typographically perfect, **unbound, final** copy of the thesis has been approved by the Luther Seminary library staff; and has been certified to be in accord with the requirements or style and format as set out in the Catalog and *The Shortcut*.

Librarian

Date

* * * * *

Two copies of the **bound** thesis have been presented to the library:

Librarian

Date

Associate Dean-Graduate Theological Education

Date

rev. 05/06