

PH.D. THESIS PROPOSAL

STUDENT'S NAME: _____

THESIS ADVISER: _____

AREA OF CONCENTRATION: _____

Brief summary statement of thesis:

Language examinations completed:

_____ Admin Asst GTE Date

Comprehensive examinations completed:

_____ Admin Asst GTE Date

Approved by thesis adviser:

_____ Thesis adviser Date

Approved by proposed thesis readers:

_____ Thesis reader Date

_____ Thesis reader Date

Approved by division:

_____ Division chair Date

Approved by the Committee on Graduate Theological Education:

_____ Associate Dean–GTE Date

REMINDERS:

- It is the **responsibility of the student** to secure all above signatures.
- Submit this form with above signatures to the Office of Graduate Theological Education.
- An electronic version of the thesis proposal must be sent to the GTE office for dissemination among the graduate committee members, gte@luthersem.edu