



Academic Reference (Ph.D. Program)

THIS PORTION TO BE COMPLETED BY THE APPLICANT:

Name _____

I hereby waive my right to examine this form should I become a Ph.D. student at LTSP.

Applicant's signature _____ Date _____

I do not waive my right to examine this form should I become a Ph.D. student at LTSP.

Applicant's signature _____ Date _____

Has the student named in this reference been

- one of the top one or two students you have ever taught,
- in the top 10% of the students you have taught,
- in the top 25% of the students you have taught,
- in the top 50% of the students you have taught?

Please attach a letter to this form in which you describe the following:

- how long and in what capacity you know the applicant
- academic ability and initiative
- emotional maturity
- oral and written communication skills
- Christian faith and commitment
- creativity and imagination
- motivation for proposed study
- other factors pertinent to Ph.D. degree work

Signature _____ Date _____

Name (please print or type) _____ Position _____

Institution _____

Address _____

Phone _____ Email _____

This form to be postmarked no later than **January 15** and mailed to:

Admissions Office (Ph.D. Program)
 The Lutheran Theological Seminary at Philadelphia
 7301 Germantown Avenue
 Philadelphia, PA 19119