



Confidential Report of Academic Standing (Ph.D. Program)

THIS PORTION TO BE COMPLETED BY THE APPLICANT:

Applicant's Name_____

Applicant's signature _____ Date _____

College, University, or Seminary_____

1. According to the current data, the applicant ranks number _____ in a class of _____ in the _____ degree program.

2. Is the applicant in good academic standing at the institution? yes no

If no, please explain:

3. Additional comments:

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