



Optional Institutional Endorsement Form  
(Th.D. Program)

**THIS PORTION TO BE COMPLETED BY THE APPLICANT:**

Name \_\_\_\_\_

I hereby waive my right to examine this form in the event that I become a student at LTSP.

\_\_\_\_\_  
Applicant's signature Date

I do not waive my right to examine this form in the event that I become a student at LTSP.

\_\_\_\_\_  
Applicant's signature Date

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
- the work this person has done or that you anticipate him/her doing for your institution
- the need of your institution that you expect this person to fill upon completion of Th.D. work
- other factors pertinent to Th.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 (Th.D. Program)  
The Lutheran Theological Seminary at Philadelphia  
7301 Germantown Avenue  
Philadelphia, PA 19119