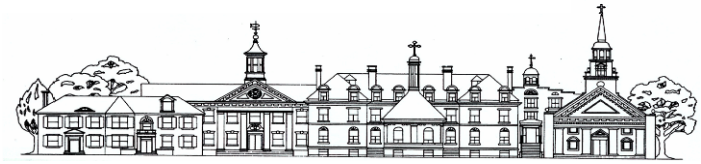

Lutheran Theological Seminary at Gettysburg

Office of Admissions
61 Seminary Ridge
Gettysburg, PA 17325

TEL: 717-334-6286
FAX: 717-334-3469
1-800-MLUTHER
WWW.LTSG.EDU

Application for Graduate Admissions

Master of Sacred Theology (S.T.M.)

Application fee: $35.00. Attach check payable to Gettysburg Seminary.

Name _____
Last First Middle Title Preferred Name

Mailing Address _____

_____

_____

Home Phone _____

Email Address _____

Vocational Information

Called/Employed as _____

Call/Employment Address _____

_____

_____

Work Phone _____

Email Address _____

Congregation to which you belong:

Name _____ Pastor _____

Address _____

If a member of the ELCA, please give synodical affiliation.

_____

If you are not a member of the ELCA, indicate your denomination/church body and regional unit.

_____

Personal Information

Date of Birth _____ Social Security Number _____ Gender _____

Previous or Other Name(s) _____

Spouse or Fiancée's full name and birthdate _____

Wedding Date if engaged _____

Children's full names and birthdates _____

_____

Educational History

Request the registrar of each higher education institution attended to send an official transcript to the office of admissions.
(List all colleges, universities and seminaries attended below.)

Institution	Location	Dates of Attendance From	To	Degree/ Major	Year Degree Received/Expected

Have you ever been dismissed or suspended from any academic institution? (yes/no) _____

Name of institution(s) _____

Date(s) _____

State your reasons for applying to this graduate degree program:

_____

_____

_____

If admitted, I plan to begin my studies in _____, _____
(September, January, February, June) Year

References

List below the names, addresses, and phone numbers of persons to whom reference forms were given.

1. A teacher or an advisor from the last academic institution from which you graduated. (If you have been out of school for an extended period of time, enter the name of a supervisor or peer in a professional setting who is acquainted with your academic abilities.

   Name: _____

   Address: _____

   _____

   Phone: (D) _____ (E) _____

   Email: _____

   ☐ Academic ☐ Professional

2. Your bishop/ecclesiastical overseer:

   Name: _____

   Address: _____

   _____

   Phone: (D) _____ (E) _____

   Email: _____

Signature _____ Date _____

03/05/2004