

# Lutheran School of Theology at Chicago

## MASTER OR ARTS: CONCENTRATION EQUIVALENCY

Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_

Concentration: \_\_\_\_\_

### Proposed Equivalent:

\_\_\_\_\_  
School

\_\_\_\_\_  
Course #

\_\_\_\_\_  
Professor

\_\_\_\_\_  
Course title

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by M.A. Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Copies to: \_\_\_\_\_ by \_\_\_\_\_ date \_\_\_\_\_

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