Endorsement Interview Scheduling Confirmation

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
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<td>Cell Phone Number</td>
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<tr>
<td>PLTS Email Address</td>
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**Endorsement Interview Information**

Date: ___________________________  
Time: ___________________________

Room Requested: ___________________________  
Format: □ In Person  □ Zoom

Advisor:  

Synod:  

Please return completed confirmation to Student Services at studentinformation@plts.edu.

*The student is responsible for providing the CPE evaluation, endorsement essay, transcript, and any other materials to their advisor and to their synod. The student is responsible for keeping track of endorsement requirements and deadlines.*