



## DOCTORAL PRELIMINARY EXAMINATION REGISTRATION

Please complete this form and return to your Division Coordinator

Name: \_\_\_\_\_ Penn ID#: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Division: \_\_\_\_\_ Specialization: \_\_\_\_\_

Degree:  Ed.D.  Ph.D. (*check one*) Term and Year: \_\_\_\_\_

***Please be sure that you have completed the following requirements:***

- (1) \_\_\_\_\_ Registered for term in which the exam is to be taken
- (2) \_\_\_\_\_ Admitted to Program Doctoral Candidacy
- (3) \_\_\_\_\_ Have **NO INCOMPLETES** on your transcript at the time you register for the Preliminary Examination
- (4) \_\_\_\_\_ Submitted your examination questions to your Faculty Advisor

**Students who do not sit for the exam in the term registered must re-apply in the following term**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Division Coordinator

\_\_\_\_\_  
Date

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*Office Use Only:*

*Comments:*