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

Office Use Only:

Comments: