MASTERS COMPREHENSIVE EXAMINATION REGISTRATION

Please complete this form and return to your Division Coordinator

Name: ______________________________     Penn ID#: ______________________________

Telephone #: _________________________     Email address: ___________________________

Division: ____________________     Specialization: ___________________________________

Term and Year: _________________     Please check exam choice: □ Written     □ Computer

Not all areas of specialization allow examinations to be taken on computers. Please check with your division regarding the date, time and format of the exam.

Please be sure that you have completed the following requirements:
(1) ______ Registered for term in which the exam is to be taken
(2) ______ Have completed or are in the process of completing six course units (6 CU’s)
(3) ______ Have NO INCOMPLETE COURSES on your transcript

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

IMPORTANT: To graduate you must submit the online Application to Graduate to the Student Records Office by the deadline on the GSE Academic Calendar.

________________________________________     __________________________
Signature of Student     Date

________________________________________     __________________________
Signature of Division Coordinator     Date

Office Use Only:

Examinee Code #: __________________________