

GRADUATE SCHOOL OF EDUCATION

3700 Walnut Street, Philadelphia PA 19104-6216

**REGISTRATION FOR CANDIDACY
EXAMINATION/DOCTORAL PRELIMINARY EXAMINATION**
(Please complete the form and return it to your division office)

Term and Year: _____

Name: _____ Penn ID#: _____

Telephone#: _____ e-mail address: _____

Division: _____ Specialization: _____ Ed.D. _____ Ph.D. _____
(check one)

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 the term in which the exam is to be taken**
- 2) _____ **Admitted to program doctoral candidacy**

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 Student Advisor Date

Signature of Division Coordinator Date

Office use only:

Examinee Code # _____