DOCTORAL PRELIMINARY EXAMINATION REGISTRATION

Please complete this form and return to your Division Coordinator

Term and Year ______________________

Name: _____________________________________  Penn ID #: ________________________

Telephone #: _________________________   E-Mail Address: __________________________

Division _________________  Specialization ________________  Ed.D. _____    Ph.D. _____
(check one)

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: