



**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

\*\*\*\*\*

*Office Use Only:*

*Comments:*