

**GRADUATE SCHOOL OF EDUCATION**  
3700 Walnut Street, Philadelphia PA 19104-6216

**REGISTRATION FOR 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 Division Coordinator \_\_\_\_\_  
Date

\*\*\*\*\*

*Office use only:*

Examinee Code # \_\_\_\_\_