



MASTERS COMPREHENSIVE EXAMINATION REGISTRATION

Please complete this form and return to your Division Coordinator

Term and Year _____

Name: _____ Penn ID#: _____

Telephone #: _____ E-Mail Address: _____

Division: _____ Specialization: _____

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 all 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 # _____