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

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Office Use Only:

Examinee Code # _______________________