

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

**REGISTRATION FOR MASTER OF SCIENCE IN EDUCATION
COMPREHENSIVE EXAMINATION**

(Please complete the form and return it to your division office)

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 of 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 #: _____