DOCTORAL PRELIMINARY EXAMINATION REGISTRATION

Please complete this form and return to your Division Coordinator

Name: _____________________________________________     Penn ID#: ________________________
Telephone #: ___________________     Email address: _________________________________
Division: ____________________     Specialization: ________________________________
Degree:     □ Ed.D.          □ Ph.D.     (check one)     Term and Year: __________________

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: