

# Joint Medical/Master's Semester Report

Office of Graduate Enrollment Services, The Pennsylvania State University, 114 Kern Graduate Building, University Park, PA 16802-3396; (814) 865-1795; (814) 863-4627(fax)

**This form MUST be completed each semester and submitted to Graduate Enrollment Services for final approval once all the signatures have been obtained. All courses will appear on a medical transcript unless this form is completed at the end of each semester until the M.D. is conferred.**

The course information listed below relates only to \_\_\_\_\_ / \_\_\_\_\_  
Semester/Year

_____	_____	_____	_____
Last Name	First Name	Middle Initial	9-digit Penn State ID
_____	_____	_____ / _____	_____
Medical Degree	Medical Major	Anticipated Semester/Year of Graduation	
_____	_____	_____ / _____	_____
Graduate Degree	Graduate Major	Anticipated Semester/Year of Graduation	

The following course(s) should be recorded on **both** the medical transcript and the graduate transcript.  
**Check with your program to determine how many credits you are permitted to double-count.**

Course abbreviation and number	Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following course(s) should be recorded on the medical transcript ONLY.

_____	_____
_____	_____

The following course(s) should be recorded on the graduate transcript ONLY.

_____	_____
_____	_____

\_\_\_\_\_  
M.D. Approval Signature Printed Name Date

\_\_\_\_\_  
Graduate Degree Program Approval Signature Printed Name Date

\_\_\_\_\_  
Graduate School Approval Signature Printed Name Date

CC: College of Medicine  
Registrar's Office  
Graduate Program

