

# Joint Medical/Ph. D. Semester Report

Office of Graduate Enrollment Services, The Pennsylvania State University, 114 Kern 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.**

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

\_\_\_\_\_  
Last Name First Name Middle Initial Penn State 9-Digit ID

\_\_\_\_\_  
Medical Degree Medical Major Anticipated Semester/Year of Graduation

**Ph. D.**  
\_\_\_\_\_  
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	Current semester	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
MD/PhD Administrator Signature Printed Name Date

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

CC: The College of Medicine  
The Registrar's Office  
The Graduate Program

