

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ / _____ / _____
Barbara Koch, 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