Joint Medical/Graduate Semester Report

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

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 | 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

J. Jeffrey and Ann Marie Fox Graduate School Approval Signature | Printed Name | Date

CC: College of Medicine
Registrar's Office
Graduate Program

PennState
J. Jeffrey and Ann Marie Fox
Graduate School

Rev. January 2018