

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; 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	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

