

WHARTON DOCTORAL PROGRAMS
UNIVERSITY OF PENNSYLVANIA
400 Steinberg Hall-Dietrich Hall
3620 Locust Walk, Philadelphia, PA 19104-6302

CERTIFICATION OF DOCTORAL PRELIMINARY EXAMINATION

(Please complete the form and return it to the Wharton Doctoral office)

Term and Year: _____

Name: _____ SS#: XXX-XX-_____ (last four digits)

Telephone#: _____ e-mail address: _____

Doctoral Program Department _____ Ph.D. _____

(check one)

Please check exam format: **written** _____ **computer** _____

_____ **Date Preliminary Examination was PASSED. ***

*To become a candidate for the doctor's degree, a student must pass a preliminary examination in the field of his or her major subject.

Signature of student Date

Signature of Department Ph.D. Faculty Coordinator Date
