

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

9-digit Penn State ID

First Name

Middle Initial

Last Name

**/**

Medical Major

Medical Degree

Anticipated Semester/Year of Graduation

**/**

Graduate Major

Graduate Degree

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.

Date

M.D. Approval Signature

Printed Name

Date

Graduate Degree Program Approval Signature

Printed Name

Date

Graduate School Approval Signature

Printed Name

 CC: College of Medicine

 Registrar’s Office

 Graduate Program

