Certification of Doctoral Qualification Exam

Please complete the form and return it to the Wharton Doctoral Programs Office
430 Steinberg Hall-Dietrich Hall
3620 Locust Walk, Philadelphia PA 19104

Current Term and Year: ____________________

Name: ___________________________________  Penn ID: ______________________________

Email: ____________________________________________________________________________

Doctoral Program Department: _______________________________________________________

Please circle exam format:  Written  Computer

Admitted to program doctoral candidacy date* ________________________

*To become a candidate for the doctoral degree, a student must pass a qualification exam in the field of his or her major subject.

________________________________________________________
Signature of student  Date

______________________________
Name of Department PhD Faculty Coordinator

________________________________________________________
Signature of Department Ph.D. Faculty Coordinator  Date

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