

**Northern Illinois University
Graduate School
Report on Graduate Student Examination**

Student _____

Campus ID _____

Department _____

Program _____

Date of examination _____

Degree level Masters
 Specialist
 Doctoral

Type of examination Qualifying exam Candidacy exam Comprehensive exam

Attempt First Second **Result** Pass Fail

Attestation

Committee members (print)

Signatures

committee chair

department chair/director of graduate studies
