

Rensselaer

OFFICE OF GRADUATE EDUCATION

Record of Candidacy Examination



Student _____

ID# _____

Department _____

Date _____

Recommendation of Examining Committee:

Passed _____

Failed _____

Signatures of Committee:

Print Name:

OFFICE OF GRADUATE EDUCATION APPROVAL:

_____ for the Office of Graduate Education _____ Date

Copies will be forwarded to: _____ Registrar _____ Department