## Instructional Technology Northern Illinois University

## APPLICATION FOR MASTER'S CAPSTONE EXPERIENCE

Masters Comprehensive Exam

1. Name:				
2. Home Address:				
(Street)				
(City)  3. Z-ID Number:	(State	,	(Zip)	
	Email:			
4. Home Phone:	Business Phone:			
5. Will your portfolio be: Electronic				
Paper-base	ed			
6. The term for which you plan to complete the	exam or portfolio:			
Fall 20 Spring 20	Summ	er 20		
7. Which track are you completing? LIS	TS Ger	neralist		
8. Have you completed at least 30 hours toward	the MS.Ed degree?	Yes	No	
9. List courses in which you will be enrolled dur Master's Capstone Experience:**				he
10.Do you plan to attend graduation? Yes	No			
11. There is a separate application for graduation Contact the Graduate School (815) 753-0395				
12. Required Signatures:				
(Your Signature)		(Date)		
(Comprehensive Exam Advisor Signature)		(Date)		
Advisor: Has the exam question or portfolio outlin	ne been approved yet?		Vac	No

\*\* Graduate School regulations require you to be enrolled for course work during the semester in which you complete the MS.Ed. capstone experience.

Yes

No