

Master's Exam Approval Form Graduate Education Office, Bldg. 52-E47

Instructions for completion of this form are located on the Graduate Education Office's website at <http://www.grad.calpoly.edu>

Student Information

_____ Last/Family Name _____ First Name _____ Middle Name

Student ID#: _____ Cal Poly Email Address: _____

Daytime Phone: _____

Degree Objective: _____

College: _____ Date Submitted: _____

Have you completed the Career Services Graduate Status Report survey?

Yes, I have completed the survey No, I have not completed the survey Unknown

Comprehensive Exam

I certify that on _____, the above-named student satisfactorily completed the comprehensive Master's examination. A record of the examination questions and responses are being maintained by the graduate coordinator for this program. Note that the Chancellor's Office requires that non-thesis oral presentations be recorded.

_____ Exam Administrator, signature _____ Printed Name _____ Date

_____ Graduate Coordinator, signature _____ Printed Name _____ Date

_____ Exam Committee Member (if applicable), signature _____ Printed Name _____ Date

Graduate Education Office

_____ Graduate Education _____ Signature _____ Review Completion Date _____ Graduation Date

Return your completed form to:
Graduate Education Office, Bldg. 52, Room E47
California Polytechnic State University, San Luis Obispo, CA 93407