Master’s Exam Approval Form
Graduate Education Office, Bldg. 52-D27

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______________________________

What are your next steps after graduation?

☐ Received job offer ☐ Additional education ☐ Unknown at this time

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 D27
California Polytechnic State University, San Luis Obispo CA 93407