

**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 _____	

**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