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 https://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