Department of Physics and Astronomy
San Jose State University
Master's Degree Oral Examination

Date: _________________
MS Program Submitted?
Yes _____ NO _____
GRE Requirement Met?
Yes _____ NO _____

Grad. Advisor Signature

CANDIDATE: Name: __________________________
SJSU Id: __________________________
Address: __________________________

Telephone: __________________________

EXAMINATION: Date: _________________
Time: __________________________
Place: __________________________

COMMITTEE: Chairman: __________________________
Member: __________________________
Member: __________________________
Member: __________________________
Alternate: __________________________
Alternate: __________________________

Committee members and alternates: Please arrange among yourselves which of you are to be present at the examination. The committee should be of three people.

RESULT OF EXAMINATION: _________________
(Enter a Pass or Fail grade above)

Signatures of Committee Members:

___________________________      __________________________      ______________________________

Committee Chairman: Please return this signed original to the Graduate Advisor (P. Beyersdorf)