

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: _____

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)