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. Hamill)