

Department of Physics  
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)