

Culminating Experience Completion Form

Student name _____

SJSU ID _____

Degree Program concentration):

- none (general MS degree)
- concentration in optics
- concentration in computational

Have you attended one semester of seminars?

- yes
- no

How has your writing requirement been met?

- undergrad degree from CSU
- I received a waiver
- I took the following approved writing course: _____

My culminating experience was:

- Thesis
- Research report

The oral presentation of my research was on the following date _____

Please email a pdf copy of your written thesis/research report to peter.beyersdorf@sjsu.edu.

Have you done this?

- Yes
- No

Committee members: I certify that I have read this research report/thesis and have attended an oral presentation and in my opinion it is fully adequate, in scope and quality for the culminating experience for the degree of Master of Science from the department of Physics and Astronomy.

X _____ X _____ X _____

Please turn this form in to the graduate advisor (Peter Beyersdorf)