

# Culminating Experience Completion Form

Student name \_\_\_\_\_ SJSU ID \_\_\_\_\_

Current address \_\_\_\_\_

Phone number \_\_\_\_\_ email: \_\_\_\_\_

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](mailto:peter.beyersdorf@sjsu.edu).

Have you done this?

- ☐ Yes
- ☐ No

## Committee members

Has chair of the committee should completed the writing assessment at <https://tinyurl.com/physicswriting> ☐ yes ☐ not yet

## (Check one and sign):

☐ We accept the written report and oral exam as is for the culminating experience for the degree of Master of Science from the department of Physics and Astronomy

☐ We (or some of us) require changes to the written report and/or oral exam as described on the back of this page before this can be accepted 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)