

UNIVERSITY OF CALIFORNIA, DAVIS
Department of Electrical and Computer Engineering

**Application Form for
Comprehensive Examination Requirement
for Master of Science Plan II**

Student Name:		
Student ID:		
Seminar Topic:		
Proposed Time:		
Committee Members	Agree to Serve on Committee	
Print name (Chair)	Signature	
Print name (Examiner)	Signature	
Print name (Examiner)	Signature	
Verification of Completion of Application Materials		
Graduate Advisor Approval	Date	

Be sure to include an MS Plan II Program of Study with this form.