

UNIVERSITY OF CALIFORNIA, DAVIS
Department of Electrical and Computer Engineering

**Verification of Completion of
Comprehensive Examination Requirement
for Master of Science Plan II**

Student Name:	
Student ID:	
Seminar Topic:	
Date Passed:	
Committee Members	Verification of Successful Completion
Print name (Chair)	Signature
Print name (Examiner)	Signature
Print name (Examiner)	Signature
Verification of Submission of Written Report	
Graduate Advisor Approval	Date

Be sure to include a copy of your MS Plan II Project with this form.