SAN DIEGO STATE UNIVERSITY Division of Graduate Affairs SSE 1410 (619) 594-5213 grad.sdsu.edu gra@sdsu.edu

Report of Final Examination(s) or Thesis Defense for the Master's Degree

(TYPE OR PRINT CLEARLY)

Last Name	First	MI	RED ID
Degree (e.g., MA, MS, MBA)	Major (and concentration/speci	ialization, if applicable)	
Please verify all three of the followi	ng:		
Plan A or Plan E	•		
This student was Advanced to examination/project).	Candidacy prior to their culminat	ting experience (Plan A d	lefense or Plan B
This student has passed their c	alminating experience.		
Date Examination(s) or Thesis De	fense Completed:		
Month/Day/Year			
Graduate Adviser Signature	Date		