

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.****