

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA  
Office of Graduate Studies  
**PROGRAM FOR THE MASTER OF SCIENCE DEGREE IN CHEMISTRY**

Type in triplicate. Submit all copies to the Graduate Office.  
Make entries by prefix and number, not by course codes.

CATALOG YEAR \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(Last) (First) (M.I.)

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
(Home) (Business)

PLACEMENT EXAMINATION RESULTS:

Date Taken: \_\_\_\_\_

BRONCO ID. \_\_\_\_\_

**I. PREREQUISITE COURSES: (Required to remove deficiencies)**

Pref	No	Title	Q/Yr	Un	Gr

AREA OF SPECIALIZATION: \_\_\_\_\_

**II. REQUIRED COURSES (3 units)**

Pref	No	Title	Q/Yr	Un	Gr

THESIS TOPIC OR TITLE: \_\_\_\_\_

GRE: V \_\_\_\_\_ Q \_\_\_\_\_

**III. AREA OF SPECIALIZATION (8 units)**

Pref	No	Title	Q/Yr	Un	Gr

PASSED LANGUAGE: \_\_\_\_\_  
Area \_\_\_\_\_ Date \_\_\_\_\_

**IV. ELECTIVES (25 units)**

Pref	No	Title	Q/Yr	Un	Gr

Total \_\_\_\_\_

**ADVANCEMENT TO CANDIDACY**

Date \_\_\_\_\_

**V. TERMINAL REQUIREMENT (9 units from CHM694/696)**

Pref	No	Title	Q/Yr	Un	Gr

**GRADUATE OFFICE USE ONLY**

First program course taken  
\_\_\_\_\_ Quarter \_\_\_\_\_ Year

Completion required by end of  
\_\_\_\_\_ Quarter \_\_\_\_\_ Year

Final examination certified  
\_\_\_\_\_ Date

Thesis received  
\_\_\_\_\_ Date

Program received  
Candidacy approved  
Notification sent  
Degree granted

By	Date

G.W.T. \_\_\_\_\_

Total: Parts II, III, IV, & V (Min. 45): \_\_\_\_\_

Acknowledged: Students Signature: \_\_\_\_\_ Date \_\_\_\_\_

Committee Chairman: \_\_\_\_\_ Date \_\_\_\_\_

Approved: Graduate Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

Verified: Graduate Analyst: \_\_\_\_\_ Date \_\_\_\_\_