

## Final Exam Form

Name: \_\_\_\_\_

UIN: \_\_\_\_\_ Area of Specialization \_\_\_\_\_

You **must** have Professor Randy McCarthy, sign this form indicating you have completed all requirements and are eligible to take the Final Exam.

Approved by \_\_\_\_\_  
Randy McCarthy

Thesis Title : \_\_\_\_\_  
\_\_\_\_\_

**Final Committee Members.** Professor Sheldon Katz will have the final approval on your committee. I will take care of getting his signature. You must have at least four members on a committee.

<u>Committee Member Name</u>	<u>Area of Specialization</u>
_____, Chair	_____
_____, Contingent Chair	_____
_____, Thesis Director	_____
_____	_____
_____	_____

Date of Final: \_\_\_\_\_ Time of Final: \_\_\_\_\_

**Please see Marci Blocher to arrange your room!**

Room Final will be held in: \_\_\_\_\_

\_\_\_\_\_  
Marci Blocher

**PLEASE RETURN THIS FORM TO MARCI IN ROOM 257 ALTGELD  
AT LEAST 6 WEEKS PRIOR TO YOUR EXAM!**