



Request for Exemption from the Final Examination

(Submit to the Office of Graduate and Professional Studies at least 10 working days prior to the deadline to schedule the final exam)

Permission is requested to exempt the final examination for (Name) _____
(UIN # _____) for the degree of _____.

All committee members have been consulted and have agreed to the exemption:

The student's academic records have been reviewed, and he/she is qualified to be exempt from the final exam.

Signature: _____ **Approved Chair**

Type/Print Name:

Signature: _____ **Approved Co-Chair**

Type/Print Name:

Signature: _____ **Committee Member**

Type/Print Name:

Signature: _____ **Committee Member**

Type/Print Name:

Signature: _____ **Committee Member**

Type/Print Name:

Signature: _____ **Committee Member**

Type/Print Name:

Signature: _____ **Approved Dept.**

Head or Intercollegiate Faculty Chair

Type/Print Name:

Signature: _____ **Approved Office of**

Graduate Studies

Type/Print Name:

GRADUATE ADVISORS CHECKLIST: PLEASE COMPLETE THE CHECKLIST BELOW TO CONFIRM THAT THE STUDENT IS MEETING ALL REQUIREMENTS TO BE EXEMPT FROM THE FINAL EXAM.

| | |
|---|----------------------------|
| Applied/should apply for _____ graduation _____ | Coursework completed _____ |
| _____ Residency requirement | Lacks: _____ |
| _____ Overall GPR | _____ |
| _____ Degree Plan GPR | Incompletes: _____ |
| _____ Proposal | Registered: _____ |

xc: Thesis Office