

# REQUEST FOR M.S. FINAL EXAMINATION

This is to certify that we have read and approved the Master's Thesis prepared by

\_\_\_\_\_ titled

(please ensure you write in your final title, which we will use for our defense announcements)

We recommend that the required examination for the degree of Master of Science be scheduled

for \_\_\_\_\_ at \_\_\_\_\_ in room \_\_\_\_\_  
date time

**THIS MUST BE SIGNED BY ALL MEMBERS OF THE SUPERVISORY COMMITTEE:**

Printed Name:

Signature:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please return to the Student Services Office at least two weeks before the final exam.**