# Finals Mapping

**CLASS** — THE CENTER FOR LEARNING AND ACADEMIC SUCCESS SERVICES

Name: _____

| | Course | | | | | |
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| | | | | | | |
| **Date and Time of Final** | | | | | | |
| **Location** | | | | | | |
| | | | | | | |
| **Format & Description** ☐ Exam ☐ Paper/Essay ☐ Project | | | | | | |
| **Material Covered** ☐ Cumulative ☐ Non-cumulative | | | | | | |
| **Study Plan & Resources** | | | | | | |
| | | | | | | |
| **Current Grade in Class** | | | | | | |
| **Grade Needed on Final** | | | | | | |