

THE UNIVERSITY OF MICHIGAN
Doctoral Program in Social Work and Social Science

(Appendix Form 4-C)

Social Work Preliminary Exam Confirmation Form

Doctoral students: Upon completion of your preliminary exam in Social Work, please have your committee chair complete the following form and return it to the doctoral office.

Student name _____

Date of the examination _____

If revisions or a secondary examination is necessary, please describe the plan for completion:

Final Completion date _____

The examination was in the form of: (check applicable)

Paper

Take-home examination

Examination completed in one sitting (minimum of 6 hours)

Did the examination include an oral portion?

Yes No (If no, explain)

Final Grade _____

Printed Name

Signature

Date

Chair _____

Member _____

Member _____

Member _____

Committee Chair, please provide a brief statement about the Prelim Exam:

Committee Chair Signature _____

Date _____