

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

**Preliminary Examination Approval Form for  
Non-Affiliated Social Work-Psychology Students**

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**STUDENT:**

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Name, please print

Expected Date of Exam: \_\_\_\_\_

Preliminary Examination Title: \_\_\_\_\_

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**PROPOSED EXAMINATION COMMITTEE MEMBER SIGNATURES:**

1. Chairperson \_\_\_\_\_ Date

2. Member \_\_\_\_\_ Date

3. Member \_\_\_\_\_ Date

(4. Optional Member) \_\_\_\_\_ Date

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**APPROVALS AND RECOMMENDATIONS**

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PSYCHOLOGY DEPARTMENT ADVISOR'S APPROVAL<sup>1</sup>

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(DATE)

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PSYCH. DEPT. GRADUATE COMMITTEE APPROVAL

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(DATE)

Revisions Recommended by Graduate Committee: \_\_\_\_\_

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<sup>1</sup> Applies to students entering the Doctoral Program as of Fall 1986 and subsequently.