

Appendix 9-C:

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

9C. SOCIAL WORK PRELIMINARY 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 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, please explain:)

Final Grade: _____

	Printed Name	Signature	Date
Chair	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____

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

Committee Chair Signature: _____ Date _____