**Date Received in OAP _____**

THE UNIVERSITY OF MICHIGAN
SCHOOL OF NATURAL RESOURCES
& ENVIRONMENT

## REPORT ON THE PRELIMINARY EXAMINATION

**Student Name**: _____ **Exam Date:** _____

Address: _____

Student UM ID _____ Email _____

Program Name _____ Program Number _____

**Results of the exam: PASS COND. PASS* COND. FAIL* FAIL**

***Conditions to be met:** _____

_____

· Note: When conditions are met, the Chair should make confirmation in writing, with a copy to the student and the Associate Dean.

Deadline for meeting conditions: _____ Will another exam be necessary? ___NO ___YES

| **Committee Members' Signatures** | **Print Name** | **UMID (required)** |
|---|---|---|
| **Chair:** | | |
| | | |
| | | |
| | | |
| | | |
| **Cognate:** | | |

Additional Comments and Recommendations

_____

_____

***Committee Chair: Please return this form to the Office of Academic Programs, Room 1520 Dana.**