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.**