THE UNIVERSITY OF MICHIGAN
Doctoral Program In Social Work And Social Science
(Appendix Form 4-A)

Social Work Preliminary Examination Approval Form[7]

To Doctoral Students:

Please read the Guidelines for the Social Work Preliminary Examination attached to this form. Circulate this form along with your prelim proposal and bibliography to the proposed chairperson and members of your Preliminary Examination Committee (see the Guidelines for composition of the committee), obtain their signatures, and submit this form with an additional copy of your prelim proposal to the Doctoral Program office.

This submission must be at least four weeks (4) before the date proposed for the examination. You must be registered for at least 1 credit hour the semester during which the prelim is submitted; registration may be for SW 900 or another social work or social science course.

To the Proposed Examination Chairperson, your signature indicates that:

a. You are willing to serve as chairperson of the committee.

b. You agree that the student's proposal, which is attached, meets the guidelines for the social work preliminary examination.

c. You have completed the attached preliminary examination checklist.

To Proposed Examination Committee Members, your signature indicates that:

a. You are willing to serve on the committee.

b. You agree that the student's proposal, which is attached, meets the guidelines for the social work preliminary examination.

c. You agree with the content of the attached preliminary examination checklist.

SIGNATURE REQUIRED, see over

7 For students entering the Doctoral Program as of the Fall 1987 term and subsequently.

SOCIAL WORK PRELIMINARY EXAMINATION APPROVAL FORM

STUDENT:

_____

Name, please print

Expected Date of Exam: _____

Preliminary Examination Title: _____

OPOSED EXAMINATION COMMITTEE MEMBER SIGNATURES:

1. Chairperson _____ Date _____

2. Member _____ Date _____

3. Member _____ Date _____

(4. Optional Member) _____ Date _____

APPROVED BY THE DIRECTOR OF THE DOCTORAL PROGRAM

Signature _____ DATE _____