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

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

STUDENT:

_____
Name, please print

Expected Date of Exam: _____

Preliminary Examination Title: _____

_____

PROPOSED EXAMINATION COMMITTEE MEMBER SIGNATURES:

1. Chairperson _____ Date

2. Member _____ Date

3. Member _____ Date

(4. Optional Member) _____ Date

APPROVALS AND RECOMMENDATIONS

_____ _____
PSYCHOLOGY DEPARTMENT ADVISOR'S APPROVAL[1] (DATE)

_____ _____
PSYCH. DEPT. GRADUATE COMMITTEE APPROVAL (DATE)

Revisions Recommended by Graduate Committee: _____

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[1] Applies to students entering the Doctoral Program as of Fall 1986 and subsequently.