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

(Appendix Form 4-C)

Social Work Preliminary Exam 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 the examination _____

Grade

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, explain)

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

_____
_____
_____
_____
_____
_____

Printed name of Preliminary Exam committee chair: _____

Signature

_____

Date _____