

## REPORT ON THE PRE-CANDIDACY EXAMINATION

Student Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Student UM ID \_\_\_\_\_ Email \_\_\_\_\_

Program Name \_\_\_\_\_

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

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