

## 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)
<b>Chair:</b>		
<b>Cognate:</b>		

Additional Comments and Recommendations

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**\*Committee Chair: Please return this form to the School Registrar, 1520 Dana.**