

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
