

THE UNIVERSITY OF
ALABAMA
SCHOOL OF SOCIAL WORK

PH.D. PROGRAM
COMPREHENSIVE EXAM

Candidate's Name: _____ CWID _____

Policy _____

Practice _____

Research _____

*The undersigned certifies that the requirements for the successful defense of
the area of concentration statement have been fulfilled.*

Chair, on behalf of Concentration Committee

I dissent from this conclusion.

Concentration Committee Member _____

Date

