UNIVERSITY OF MICHIGAN
DEPARTMENT OF SOCIOLOGY
DESCRIPTION OF INTERESTS FORM

Applicants to Social Work and SOCIOLOGY: After reviewing the web pages found at https://lsa.umich.edu/soc/people/faculty, please complete the ranking requested below. You may also use the space below the ranking to explain your choices and rankings.

Program Areas: Please list, in rank order, the two program areas you consider to be your main interest areas. https://lsa.umich.edu/soc/people/fields-of-study.html

□ Demography □ Sociology of Culture
□ Family, Life Course and Society □ Urban and Community Sociology
□ Politics and Social Change □ Work, Economy, and Organizations
□ Other ____________________________

List the Sociology professors working in the area you have checked above, with whom you would be interested in working:

______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Explanation: Name the faculty members with overlapping research interests and why they have been chosen.

__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________