Studio Art MFA Review Report Form
3rd Review
From Committee Chair to Studio Art Graduate Advisor

Student ___________________________ Date ________________

Chair’s Name __________________________________________

List other faculty members present at review:
_____________________________________________________

_____________________________________________________

RESULTS

RECOMMENDATIONS

PASS/FAIL RESULTS (Pass requires majority): _______ GRADE: _______
RECEIPT OF PORTFOLIO REPORT OUTLINE? ______

Chair’s Signature ______________________________________ Date __________

Failing: If a student fails Review 3, they must remount and pass the Review in the first week of the next semester or their program will be terminated.