



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.