(this form is filled out by your faculty advisor & Director of Graduate Studies)

DEPARTMENT OF THEATER FIRST YEAR GRADUATE REVIEW

Student_____ ID # _____

Degree ◯ MFA ◯ PhD Specialization Area(s) _____

STRENGTHS:

AREAS FOR IMPROVEMENT:

FACULTY

_____ The student will continue in the program

_____ The student will improve in the areas mentioned above and meet with the faculty or committee at a designated time

_____ The student will leave the program.

FACULTY ADVISOR signature_____ Date _____

STUDENT _____ Date _____