

(This form is filled out by your faculty supervisor)
MFA QUALIFYING & THESIS APPROVAL FORM

STUDENT'S NAME: _____

AREA OF CONCENTRATION: MFA with specialization in _____

MFA QUALIFYING PROPOSAL _____

_____ TITLE and/or BRIEF DESCRIPTION of Proposal

DECISION: _____ Approved _____ Conditional _____ Not Approved _____ Non-Continuation
(Attach a description of conditions/ rationale if applicable.)

COMMITTEE INITIALS: (Chair) _____ Date: _____

MFA QUALIFYING PROJECT _____

_____ TITLE and/or BRIEF DESCRIPTION of Project:

DECISION: _____ Approved _____ Conditional _____ Not Approved _____ Non-Continuation
(Attach a description of conditions/ rationale if applicable.)

COMMITTEE INITIALS: (Chair) _____ Date: _____

MFA THESIS PROPOSAL _____

_____ TITLE and/or BRIEF DESCRIPTION of Proposal:

DECISION: _____ Approved _____ Conditional _____ Not Approved _____ Non-Continuation
(Attach a description of conditions/ rationale if applicable.)

COMMITTEE INITIALS: (Chair) _____ Date: _____

MFA THESIS PROJECT _____

_____ TITLE and/or BRIEF DESCRIPTION of Project:

DECISION: _____ Approved _____ Conditional _____ Not Approved _____ Non-Continuation
(Attach a description of conditions/ rationale if applicable.)

COMMITTEE INITIALS: (Chair) _____ Date: _____

COMMITTEE:

NAME (please type in names):

SIGNATURES:

_____ (Chair) _____

_____ (Disbursement: Original in Student File, Copy for Student each project)