Department of Art

GRADUATE SCREENING FORM

Date _____

Screening Semester:

Fall _____ Spring _____
Year Year

Deadlines:
4th Friday – Screening form due to Dept. Office.
6th Friday – Required written materials.
(See catalog for details)
7th Friday – Screening appointment.

Name _____ CIN# _____
Last, First

Address _____

Phone _____ E-Mail _____

Degree Objective: MA ☐ MFA ☐

Option:

- ☐ Art Education
- ☐ Art History
- ☐ Fashion, Fiber and Materials
- ☐ Design
- ☐ Studio Arts

Screening Level:

- ☐ Proposal
- ☐ Progress
- ☐ Final

Special Room/Equipment Request: _____

Adviser Approval for Screening: _____ Date: _____

STUDENT IS RESPONSIBLE FOR CONFIRMING THE DATE AND TIME OF THEIR SCREENING

COMMITTEE USE:

DECISION:

Approved ☐ Declined ☐

Notes (optional):

Option Chair _____ Date _____

Faculty Signature _____ Date _____

Faculty Signature _____ Date _____

Faculty Signature _____ Date _____