

UC SAN DIEGO DEPARTMENT OF VISUAL ARTS

MFA First Year Review Report Form

Name: _____ PID#: _____
Last Name, First Name

Committee Membership

Name and Academic Title

Department Affiliation

_____, Chair _____

_____, Co-Chair* _____

*If applicable

Date of First Year Review

____/____/____

First Year Review of Passing Quality

Yes No

Student Signature: _____

Committee Chair Signature: _____

Comments: