



INITIAL - MFA Studio Visit

*October

Date of Meeting: _____ Meeting number: ____ of ____

Student's Name: _____ Student #: _____

Faculty Member's Name: _____

Reviewer's Comments:

Reviewer's Signature:

Student to submit original to Catharine Plouffe – Student Advisor

*forms due October 31 – individually arranged short studio visits with 3-4 potential committee members