

UC SAN DIEGO DEPARTMENT OF VISUAL ARTS

MFA First Year Review Report Form

Name: _____ PID#: _____
(Last) (First) (Middle)

Name and Academic Title

Department Affiliation (required)

_____, Chair _____

_____, Co-Chair* _____

*If applicable

Date of First Year Review ____/____/____

Student Signature _____ Date ____/____/____

Committee Chair Signature _____ Date ____/____/____