



# MFA - MASTER OF FINE ARTS FINAL RECORD

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Candidate: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

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We recommend the above named candidate to be awarded the degree of Master of Fine Art.

Committee Member	Signature	Approved/Disapproved	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(Please Print)

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Date of Final Oral Defense: \_\_\_\_\_

*For internal Art Department records only. Not to be sent to the Graduate College.*