

**MFA THESIS PROJECT
Designation and Evaluation**

STUDENT: _____

Thesis/Non-thesis

Designated thesis project:

Date:

Signatures:

Advisory Committee Chair
Committee Member(s):
Graduate Advisor:

Revised project designation:

Date:

Signatures:

Advisory Committee Chair
Committee Member(s):
Graduate Advisor:

Attach a sheet if there are further changes of designation.

To be filled in upon completion:

Date of Project Completion:

GRADE: Pass/Fail

Signatures: Advisory Committee Chair
 Committee Member(s)

***Send a copy of this form to the Graduate Advisor at each stage of completion
(designation, revision, and completion).***