

**Master of Fine Arts  
First Year Candidacy Review  
Utah State University  
Department of Art**

Name: \_\_\_\_\_ A#: \_\_\_\_\_

Emphasis Area: \_\_\_\_\_

Semester: Fall ( ) Spring ( ) Date: \_\_\_\_\_

Course credits completed at the end of the year: ( )

Review results in one of three options: (Please circle one)

- Continuation
- Probation
- Dismissal

Committee comments:

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If additional space is required please attach another sheet to this document.

Committee signatures:

Chair: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_