

Ernest G. Welch School of Art and Design
College of Arts and Sciences

GRADUATE REVIEW RECORD

STUDIO

(faculty please initial after each evaluation)

Name: _____

Panther#: _____ Area: _____

Mid Program Review (after 24 hours):

Thesis:

Chair: _____

Members:

1. _____

2. _____

Optional member/affiliation: _____

Thesis Prospectus Approved: _____ Date: _____

Title of thesis: _____

FIRST SEMESTER

1st meeting: _____

2nd meeting: _____

3rd meeting: _____

SECOND SEMESTER

1st meeting: _____

2nd meeting: _____

3rd meeting: _____

THESIS TITLE: _____
Thesis Approved: _____ Date: _____

THESIS EXHIBITION (must be approved before opening)
Approved: _____ Date: _____

CD OF IMAGES (submitted in JPEG format / minimum 300 dpi / largest dimension
2,000 pixels)
Received: _____ Date: _____

All conditions within the Ernest G. Welch School of Art & Design for graduation for the
above student have been met.

Graduate Director: _____ Date: _____
Director: _____ Date: _____

**GEORGIA STATE UNIVERSITY
Ernest G. Welch School of Art and Design**

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Name Address

Signature Date