

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

GRADUATE REVIEW RECORD

ART HISTORY (Faculty please initial after each evaluation)

Name: _____
Panther#: _____ Area: _____

Conditions of Acceptance

_____ Date Completed: _____

18/24 Hour Review (1st Year Review):

Full Pass _____
Provisionary Pass _____
Failure _____

Foreign Language Exam

Language: _____
Dates Taken: _____
Date Passed: _____

Thesis

Chair: _____
Members:

1. _____
2. _____

Optional member: _____
Thesis Prospectus Approved: _____ Date: _____
Title of thesis: _____

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

Graduate Coordinator: _____ Date: _____

Director: _____ Date: _____