



# MFA Thesis I & II Critique Signature Sheet

Name \_\_\_\_\_  
Print First Middle Last

Primary Advisor Name \_\_\_\_\_

Concentration \_\_\_\_\_ Track \_\_\_\_\_

Semester (circle)  Fall \_\_\_\_\_  Spring \_\_\_\_\_  
Year Year

Print Name of Advising Faculty or Visiting Critic	Format In-Person Zoom	Signature of Advising Faculty or Visiting Critic
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
Midterm Critique Date:		
Final Critique Date:		