NEW YORK ACADEMY OF ART

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.	◯ ◯	
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10.	◯ ◯	
11.	◯ ◯	
12.	◯ ◯	
Midterm Critique Date:		
Final Critique Date:		