GRADUATE FIRST YEAR REVIEW
MA Program (Art History)

Department of Art and Art History

Graduate students are required to complete a First Year Review by the end of the second semester of full time study. The purpose of this First Year Review is to review and evaluate the student’s experience in the program and prepare the student for the Comprehensive Examination and Pre-Thesis Review. The First Year Review focuses on the student’s coursework and performance and on the selection of the student’s Major and Minor areas of study.

Student ____________________________________________ Date ________________

Committee: The First Year Review Committee includes the student’s academic advisor (Chair) and two or more graduate faculty members chosen by the student.

Scheduling Your Review: It is the responsibility of the graduate student to contact members of the Committee to set up the time, date and location of the review.

DATE: ________________ TIME: ________________ LOCATION: _____________________

After the Review: After the review is completed, the Chair of the First Year Review Committee writes comments according to the criteria listed on the back of this form. The Committee makes a recommendation by checking A, B or C below:

A _____ Continue in the Graduate Program

B _____ Continue with specific requirements as listed on the reverse side of this form.

C _____ Not continue in the Graduate Program (If this is the Committee decision, the student may appeal to the Graduate Committee for a second review. The second review is final).

The decision of the First Year Review Committee is made on the basis of a simple majority.

The First Year Review Committee:

______________________________________ (Chair) __________________________
Name ________________________________ Signature

______________________________________ ________________________________
Name ________________________________ Signature

______________________________________ ________________________________
Name ________________________________ Signature

______________________________________ ________________________________
Name ________________________________ Signature

______________________________________ ________________________________
Name ________________________________ Signature

______________________________________ ________________________________
Name ________________________________ Signature
GRADUATE STUDENT EVALUATION

_______ I have discussed the following criteria with the student and do not need to fill out this form.

1. Has met area requirements:

2. Quality of written work:

3. Quality of coursework:

4. Professional activities:

5. Specific requirements (if B is checked):

Chair of the First Year Review Committee__________________________

______________________________________________________________

Signature