



MFA Artwork Recommendation for Examination

The undersigned certify that they have examined the artwork and recommend it to the Faculty of Creative and Critical Studies for examination.

Artwork Title: _____

Student Name: _____

Student Number: _____

Date and Time for Thesis Performance or Exhibition: _____

Date and Time for Oral Exam: _____

Signatures:

Supervisor

Signature

Date

Supervisory Committee Member #1

Signature

Date

Supervisory Committee Member #2

Signature

Date

Supervisory Committee Member #3

Signature

Date

MFA Program Coordinator

Signature

Date

Please submit signed form to:
Grad Studies
gradstudies.fccs@ubc.ca
CCS 153, FCCS Creative Studies