

**GRADUATE COMMITTEE MEETING**  
**FORM MFA Studio Art**  
California State University, San Bernardino

Name: \_\_\_\_\_ SID # \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Meeting: \_\_\_\_\_  
Committee Members Present:  
\_\_\_\_\_

Summary of Meeting:

Recommendations to Student:

Committee Chair's Signature: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_  
Graduate Coordinator's Signature: \_\_\_\_\_