

GRADUATE COMMITTEE MEETING FORM

MFA Studio Art

California State University, San Bernardino

DUE: End of the fall semester of your 3rd year

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: _____