

MFA ADVANCEMENT TO CANDIDACY REVIEW, FALL 2009

NAME _____ PHONE _____

SID# _____ AREA _____

NUMBER OF UNITS COMPLETED IN CLASSIFIED STANDING BY THE END OF
SPRING 2009 _____

IN ORDER, IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN THIS REVIEW,
YOU MUST OBTAIN THE SIGNATURES OF THREE FACULTY MEMBERS ON
THIS FORM. ***BY SIGNING, THESE FACULTY INDICATE THEIR SUPPORT
TOWARDS YOUR PARTICIPATION IN ATC AND THEIR WILLINGNESS TO
SERVE ON YOUR MFA COMMITTEE IF YOU ARE ADVANCED TO
CANDIDACY.***

1. _____

2. _____

3. _____

**DESCRIBE THE TYPE OF SPACE NEEDED FOR THE DISPLAY OF YOUR
WORK (FLOOR, WALL, OTHER), AND THE DIMENSIONS OF THE WORK.**
IF YOU HAVE VERY SPECIFIC NEEDS, AS IN THE CASE OF SITE RELATED
INSTALLATION WORK, PLEASE MAKE THIS CLEAR. LIST YOUR 1ST, 2ND
AND 3RD CHOICE OF GALLERIES BELOW; AN ATTEMPT WILL BE MADE TO
ASSIGN YOU TO ONE OF THEM. THERE ARE VERY LIMITED CONDITIONS
FOR HANGING WORK FROM CEILINGS. TRY TO AVOID MODIFICATIONS
THAT WILL DELAY SET UP FOR THE NEXT OCCUPANT AND LOGISTICAL
PROBLEMS FOR YOURSELVES. (ON FRIDAY OF THAT WEEK YOU WILL ONLY
HAVE FROM 10:00 AM UNTIL NOON TO RESTORE YOUR
GALLERY TO PRISTINE CONDITION.)

CHOICE #1 _____ CHOICE #2 _____ CHOICE #3 _____

*******PLEASE RETURN THIS APPLICATION TO THE ART GRADUATE
OFFICE BY Monday October 5, 2009 BEFORE 4PM. GALLERY CONTRACTS
MUST ALSO BE SIGNED AT LEAST 2 WEEKS BEFORE THE WEEK OF THE
SHOW. YOU MUST ALSO SUBMIT AN ARTIST'S STATEMENT AND SIGN UP
FOR A DISCUSSION TIME BY NOON, October 9th.**

