This Candidacy Review must be held at the end of the spring semester of study of graduate course work.

**Section A:** *to be completed by the student. Please print all information.*

**Student’s name:** ________________________________

**Committee Chair:** ________________________________  **Date:** ______________

**Section B:** *to be completed by Area Chair and Committee Members.*

The Chair must return this form to the MFA program director after the review is completed.

**Committee Decision:**

[ ] Accepted for full candidacy

[ ] Discontinuation of study recommended

**Committee Comments:**

(if necessary, include additional pages)

**Committee Chair:** ________________________________  **Signature:** _____________________  **Date:** ______________

**Committee Member:** ________________________________  **Signature:** _____________________  **Date:** ______________

**Committee Member:** ________________________________  **Signature:** _____________________  **Date:** ______________

**Approved:**

*MFA Program Director:* ________________________________  **Signature:** _____________________  **Date:** ______________

One copy to student; one copy to Scripps College of Communication Office.

Created 09/17