

UC DAVIS

GRADUATE STUDIES

Candidacy for the Degree of Master of Fine Arts – Plan I

INSTRUCTIONS TO APPLICANT

This form is intended for **Master of Fine Arts candidates only**. Please complete both pages, secure appropriate departmental approvals, provide a copy to your graduate program coordinator, and file the original of this form with Graduate Studies. Please consult Graduate Studies and your graduate program for filing deadlines.

NOTE: \$55 Candidacy Fee must be paid at Cashier's Office before this form is presented to Graduate Studies. Fee subject to change without notice.

| | | | | | |
|------------------------|----------------------------------------------------------------------------------------------------|------------|--|----------------|-------------------|
| Last Name | | First Name | | Middle Name | Student ID Number |
| Current Address | | City | | State/Zip Code | Telephone Number |
| Degree Sequence Number | Graduate Program (select one) | | | Program Code | E-mail |
| | <input type="checkbox"/> ART <input type="checkbox"/> DESIGN <input type="checkbox"/> DRAMATIC ART | | | | |

All requirements including project/show to be completed by: (fill in one)

June 20____ September 20____ December 20____ March 20____

Applicant Signature: _____ Date: _____

Master of Fine Arts Project/Show/Committee: Once approved by Graduate Studies, a change to Project/Show committee membership requires submission of a *Petition for Reconstitution of Committee Membership*. The project/show committee chair must approve the final version of the project or show and sign the MFA Report Form.

| | | |
|------------------------------------------------------------|--------------------------------------------|-----------------|
| Printed Name (First, Middle Initial, Last) _____, Chair | Academic Title (Prof., Assoc. Prof., etc.) | Home Department |
| | | |
| | | |

Project/Show/Committee Chair Signature: _____ Date: _____

DEPARTMENT APPROVAL

Graduate Advisor Signature: _____ Date: _____
(Advisor with signing authority)

Printed Name: _____

Graduate Program Coordinator Signature: _____ Date: _____

Printed Name: _____

