

TOTAL HOURS _____

RESIDENCY (AT LEAST TWO SEMESTERS) _____

PORTFOLIO REVIEW AND ADMISSION TO CANDIDACY

date: _____ **pass** _____ / **no pass** _____

Graduate Committee

MASTER PRODUCTION OR PROJECT

Date proposal accepted: _____

Dates of performance or presentation: _____

Date of oral: _____

Date accepted: _____

Committee chair:

Member:

Member:



Student Signature

Date

Advisor Signature

Date

Director of Graduate Studies, Dance

Date