Visual Art Department Graduate Program Checksheet of Degree Requirements

Student Name					Date of Enrollment					
MajorAdvisor					1st Yr Review – PassedNot Passed					
Email					Comments					
KU ID #					2 nd Yr Review - Passed			Not Passed		
Student Phone #					Comments					
Courses	Dept.	#	Course Title		Instructor	Grade	Date	Credit	Requirements	
Graduate										
Professional										
Practice										
Seminar									12	
Academic										
may not in-										
clued Directed										
Reading)									9	
Concentration										
									22	
									23	
Electives										
Electives									6	
									6	
Thesis										
THESIS										
									10	
									10	
	Only gr	aduate	courses numbered 500 ar	nd abo	ve will meet the	above requ	iirements			
			rs required including Chai	r)	Fulcibité D ·	_				
Ulidli' Mamhar					Exhibition Date					
Member					LocationAnnouncement	 t Filed				
Member					Oral Exam Date	e i iicu				
Thesis Proposal					Progress to De	gree Form s	ent to De	an's office	(Lea Smith)	
Thesis Proposal Date Accepted					Progress to Degree Form sent to Dean's office (Lea Smith) Rm 108, 2 wks before exam					
Scholarships					Degree Granted	d				