Claremont
GRADUATE UNIVERSITY

# ADVANCEMENT TO CANDIDACY
# MASTER OF FINE ARTS

Name_____ Student ID# 254_____
Last First Middle

Address_____

City_____ State_____ Zip_____

Field of Concentration_____

Project Title_____

_____

The student is recommended for advancement to candidacy by virtue of completion of:

_____ Oral Qualifying Examination

_____ Approximately 30 Completed Units

_____ Attached Project Statement

Chair of Supervisory Committee_____ Date_____

Committee Member_____ Date_____

Committee Member_____ Date_____

Committee Member_____ Date_____

## APPROVED

Dean of the School_____ Date_____

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Recorded by Data Control_____ Date_____

Copy to: Department_____ Student_____ CF514 6/02