

Graduate Degree Plan – MFA in Studio Art

Students must fill out a degree plan by the end of their first year of enrollment and updated each year with the Supervisory Committee Chair. Any classes not yet taken must be listed, including the projected semesters of enrollment. Incomplete degree plans will be returned to the student.

STUDENT NAME _____ EMPLID _____

CONCENTRATION _____ DATE SUBMITTED _____

EMAIL _____ PHONE _____ STUDIO # _____

All courses must be 5000-level or higher to count toward the MFA in Studio Art. 60 credit hours required.

COURSE	TITLE	CREDITS	INSTRUCTOR *	GRADE	TERM/YEAR
6 credits					
ASTU 5010	Professional Practices	3			Spring
ART 5700	Seminar in University Teaching in Art	3			Fall
Praxis / Graduate Course in Primary Studio Concentration		18 credits			
ASTU		3			Fall
ASTU		3			Spring
ASTU		3			Fall
ASTU		3			Spring
ASTU		3			Fall
ASTU		3			Spring
Praxis / Graduate Course outside Primary Studio Concentration		6 credits			
ASTU		3			
ASTU		3			
Art History		9 credits			
AEAH 58_____		3			
AEAH 58_____		3			
AEAH 58_____		3			

CVAD Electives **		12 credits				
		3				
		3				
		3				
		3				
Outside CVAD Elective (research/discipline appropriate) **		3 credits				
		3				
Project in Lieu of Thesis		6 credits				
ASTU 5015	Creative Project (take in semester prior to ASTU 5020)	3				
ASTU 5020	MFA Exhibition	3				

SUPERVISORY COMMITTEE CHAIR _____
 (Selected prior to the completion of 18 hours)

SUPERVISORY COMMITTEE MEMBERS _____
 (Selected prior to the completion of 36 hours)

MFA in Studio Art Program Milestone Checklist	
1 st year: <input type="checkbox"/> ADD COMMITTEE MEMBERS	REVIEW: (check one) <input type="checkbox"/> PASS <input type="checkbox"/> REREVIEW <input type="checkbox"/> FAIL <input type="checkbox"/> Submit Degree Plan
2 nd year: <input type="checkbox"/> SECOND YEAR EXHIBITION	REVIEW: (check one) <input type="checkbox"/> PASS <input type="checkbox"/> REREVIEW <input type="checkbox"/> FAIL <input type="checkbox"/> Submit Updated Degree Plan

Date by which coursework must be complete _____

APPROVALS

SUPERVISORY COMMITTEE CHAIR SIGNATURE _____

DEPARTMENT CHAIR SIGNATURE _____

CVAD ASSOCIATE DEAN SIGNATURE _____

TOULOUSE GRADUATE SCHOOL DEAN SIGNATURE _____

* If list any transfer credit, you must list the institute from which the credits are being transferred in the Instructor column.
 ** Electives can be from any department, including outside of CVAD and must be 5000-level or higher.