



## MFA Artwork Recommendation for Examination

The undersigned certify that they have examined the artwork and recommend it to the Faculty of Creative and Critical Studies for examination.

Artwork Title: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

*Signatures:*

_____ Supervisor	_____ Signature	_____ Date
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_____ Supervisory Committee Member #1	_____ Signature	_____ Date
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_____ Supervisory Committee Member #2	_____ Signature	_____ Date
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_____ Supervisory Committee Member #3	_____ Signature	_____ Date
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_____ MFA Program Coordinator	_____ Signature	_____ Date
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Please submit signed form to:  
 Kayla Jakuboski,  
 kayla.jakuboski@ubc.ca  
 CCS 323, FCCS Dean's Office