



**TOTAL HOURS** \_\_\_\_\_ (at least 36)

**RESIDENCY** \_\_\_\_\_

**PORTFOLIO AND THESIS OR PROJECT PROPOSAL REVIEW** date: \_\_\_\_\_

**Date proposal accepted:** \_\_\_\_\_

**Date of oral:** \_\_\_\_\_

**Date accepted:** \_\_\_\_\_

**Committee chair:**

**Member:**

**Member:**



\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Advisor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Director of Graduate Studies, Dance*

\_\_\_\_\_  
*Date*