

Department of Critical Media Practices
University of Colorado Boulder

First Year Review Report

Student Name: _____

Student ID Number: _____

Program: ETMAP PhD

Date of Review: _____

Sign below **only** if the examination was passed unconditionally or with conditions

Name	Signature	Department
1.		Advisor / DCMP
2.		DCMP
3.		

The review cannot be passed with more than one negative vote by the reviewers. It is the Advisor's responsibility to certify the votes and select one of the options below.

_____ Review was passed unconditionally

_____ Review was passed with the attached conditions

_____ Review was not passed

Signature of Advisor

Date

Signature of Associate Chair of Graduate Studies

Date