

MAINE MEDIA

COLLEGE

MFA Program Forms

2009 – 2010

Revised February 2010

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Maine Media College MFA Program

Registration for Graduate Credits

Candidate _____ Date _____

Advisor _____

Candidate's area of concentration (check one):

Photography ____ Film ____ Multimedia ____

Credits required to complete the degree (prior to this registration):

Studio ____ Academic ____

Describe below information regarding proposed projects, residencies, or workshops to be completed this term; please indicate whether the project is for studio or academic credit by including an "(S)" or "(A)" respectively as part of the project title. Be advised that once this form is submitted project titles may not be changed and must also be consistent on all related forms.

1. Project title (attach completed Mentored Project Proposal)

Number of credits requested ____

Mentor _____

2. Project title (attach completed Mentored Project Proposal)

Number of credits requested ____

Mentor _____

3. Project title (attach completed Mentored Project Proposal)

Number of credits requested _____

Mentor _____

4. Project title (attach completed Mentored Project Proposal)

Number of credits requested _____

Mentor _____

The undersigned acknowledge and agree that the above proposals are to be completed by the Candidate, and evidence of completion is to be presented at a retreat scheduled to be conducted _____, 20__

Candidate _____

Date _____

Advisor _____

Date _____

MFA Chair _____

Date _____

MAINE MEDIA COLLEGE

MFA Program Mentored Project Proposal

Candidate: _____

Mentor: _____

Advisor: _____

Dates: _____, __, _____ through _____, __, _____ # of credits: _____

Project Title: _____

This project is for **Academic** **Studio** credit (Circle one)

Please provide the information outlined below. Additional pages may be attached to this form. Be as specific and detailed as possible while allowing sufficient flexibility to adjust as the project proceeds.

Brief Description/Title of Project:

1. Describe the goals and learning objectives of this project and the sources of imagery or research. Be specific with regard to the skills and knowledge you expect to attain.

2. How will you demonstrate that you have achieved these goals and objectives? What criteria will be used to assess and evaluate your project? What kind and how much work do you expect to complete by the end of the project?

3. Describe the reading and writing component of this project. If this is a project for academic credit, please describe your library / research needs and the related resources available to you.

4. Provide the dates you anticipate meeting with your mentor.

5. Additional comments.

Candidate signature _____ Date _____

Mentor signature _____ Date _____

Advisor signature _____ Date _____

MFA Chair signature: _____ Date: _____

**Maine Media College
MFA program
Mentor Agreement Form**

Mentor: _____ Candidate: _____

Project dates: _____ to _____

Project Title: _____ Number of credits: _____

Both Mentor and MFA Candidate are held to the policies and duties as described in the MFA, Candidate and Faculty Handbooks.

The fee for this contract will be one half of the tuition paid for the project. The Mentor fee per credit on current projects is \$237.50/credit. The fee will be paid in two installments, one upon receipt of the Mentor's Mid-Term Evaluation, and the balance upon receipt of the Mentor's Final Evaluation of the project.

Mentors are considered and paid as Independent Contractors and as such are not covered under the Maine Photographic Workshops / Maine Media College worker's compensation or liability policies.

Either party may cancel this agreement upon written notice, with four weeks notice to both the Candidate and MFA Administrator. This agreement is automatically canceled upon the termination of the Candidate's enrollment or active status in the program.

The signature confirms agreement to fulfill the Mentor responsibilities as described in the MFA Handbook.

TO BE COMPLETED AND SIGNED BY THE MENTOR

FULL NAME:

ADDRESS:

STUDIO PHONE:

HOME PHONE:

FAX:

EMAIL:

Are you authorized to work in the U.S. on an unrestricted basis: YES NO

If YES, please provide your Social Security #: _____ - _____ - _____

Mentor Signature: _____ Date: _____

MFA Administrator: _____ Date: _____

MFA Chair: _____ Date: _____

Please complete, sign and return the original of this agreement with the Mentor Payment Form and signed Project Proposals.

Send to: Maine Media College, MFA Program, 70 Camden Street, Rockport, ME
04856

Maine Media College MFA Program

Mentor Payment Form

Candidate _____

Project Title _____ Project Start Date _____

Number of credits _____ Project End Date _____

Mentor _____

Mentor Signature _____ Mentor Agreement

MFA Chair Signature _____

This portion for Administrative use only

Mid Project

_____ Candidate Mid project Evaluation

_____ Mentor Mid Project Evaluation

_____ Mentor Payment Requested MFA Program Administration _____

_____ Mentor Payment Issued Financial Dept. Signature _____

_____ Amount Due

Final Project

_____ Candidate Final Project Evaluation

_____ Mentor Final Project Evaluation

_____ Mentor Payment Requested MFA Program Administration _____

_____ Mentor Payment Issued Financial Dept. Signature _____

_____ Amount Due

Maine Media College MFA Program

Workshop Proposal

Candidate: _____

Workshop Instructor: _____

Dates of Workshop & Location: _____

Brief description of Project to be done as part of the Workshops:

Candidate: _____ Date: _____

MFA Advisor: _____ Date: _____

MFA Chair: _____ Date: _____

Maine Media College MFA Program Residency Request

Candidate: _____

Mentor: _____

Advisor: _____

Dates: _____, __, ____ through _____, __, ____ # of credits: _____

Project Title: _____

This project is for Academic Studio credit (Circle one)

Please provide the information outlined below. Additional pages may be attached to this form.

Brief Description/Title of Residency:

1. Describe the goals and learning objectives of this residency and the sources of imagery or research. Be specific with regard to the skills and knowledge you expect to attain.

2. How will you demonstrate that you have achieved these goals and objectives? What criteria will be used to assess and evaluate your residency? What kind and how much work do you expect to complete by the end of the residency?

3. Additional comments.

Candidate signature _____ Date _____

Mentor signature _____ Date _____

Advisor signature _____ Date _____

MFA Chair signature: _____ Date: _____

Project Support List

Candidate _____

Project: _____ # of Credits: _____

Please provide a list of things you will need to complete your project. Tell us what you need whether it is space, equipment, crew, etc. Be very specific about your needs.

Include a list film/video, photographic, or digital equipment the school can provide.

Please use the Equipment Check-Out sheet when requesting any equipment.

Dates Requested: from _____ to _____

Which Department do you need support from? _____

Candidate signature _____ Date _____

Department Mgr signature _____ Date _____

Advisor signature _____ Date _____

MFA Chair _____ Date _____

Support List

Maine Media College MFA Project Add/Drop/Change

Note: If a Candidate elects to discontinue a project for which they have registered, this will be treated as a project change. The project mentor will be paid any fees owed for services performed to the date of discontinuation. The Candidate will be invoiced separately for these fees.

Candidate:

Date:

Project Title:

Project Mentor:

Advisor:

Briefly describe the nature of the change to the above-named project and the reasons for this change:

Have you discussed this change with your advisor?

Have you discussed this change with the project mentor?

Candidate's signature: _____

Advisor's signature: _____

MFA Chair signature: _____

Registrar's notes:

Amount due to project mentor:

Maine Media College MFA Program

Retreat Evaluation

1. What aspects of the retreat were most helpful or interesting?
2. What were least helpful or interesting?
3. Were the presentations interesting and useful? Feel free to critique each individually.
4. Were the group critiques helpful and why?
5. Were the private meetings helpful and why?
6. Were the readings and discussion worthwhile?
7. What was missing that would have been helpful?

8. Did you receive answers to your questions and concerns?

9. Did you have adequate information prior to the retreat? If not, what would have helped to prepare you?

10. Please describe your overall reaction to the retreat including the quality of the faculty, staff and activities.

11. What suggestions do you have for future retreats?

12. Other comments, concerns or suggestions. (Use back of form if desired)

6. Please describe your overall reaction to the program.

7. What suggestions do you have for improving the program?

8. Other comments, concerns or suggestions. (Feel free to use the reverse side).

Maine Media College MFA Program

Mentor Mid-Project Evaluation

Candidate Name_____

Date_____

Mentor Name_____

Project Title_____

1. Have the Candidate's goals changed since the initial Project Proposal? If so, have you approved the changes?

2. Has the scope or type of work changed substantially. If so, do you approve?

3. Are you satisfied with the Candidate's progress so far? If not, have you discussed a plan to address the concerns?

4. What do you consider to be the strengths of the Candidate's work to date?

5. What do you consider to be the weaknesses?

6. Are you satisfied with the Candidate's level of commitment to the Project?

7. How many times have you met with the Candidate to date?

8. Do you anticipate the Candidate fulfilling the goals and work outlined in the project proposal within the specified timeline? If not, when do you expect the work to be complete?

9. Do you have any other concerns about the Candidate's work or anything we should know related to the Candidate's progress toward the MFA?

This form should be sent to the Program Administrator.

Mentor signature _____ Date _____

Advisor signature _____ Date _____

Maine Media College MFA Program

Mentor Final Project Evaluation

Candidate Name_____

Date_____

Mentor Name_____

Project Title_____

Please address the following questions in your evaluation of the Candidate's work on this Project.

1. Did the Candidate accomplish the goals and requirements of the Project?
2. Are you satisfied with the scope and quality of the Candidate's work?
3. What do you consider to be the strengths of the Candidate's work?
4. What do you consider to be the weaknesses and what recommendations do you have for improvement in these areas?
5. Are you satisfied with the Candidate's level of commitment to the Project?

6. Do you have any concerns about the Candidate's work or anything we should know related to the Candidate's progress toward the MFA?

This form should be sent to the Program Administrator.

Mentor signature _____ Date _____

Advisor signature _____ Date _____

Maine Media College MFA Program

Candidate Mid-Project Evaluation

Candidate Name_____

Date_____

Mentor Name_____

Advisor Name_____

Project Title_____

1. Have your goals changed since the initial Project Proposal. If so, how?
2. Has the scope or type of work changed substantially. If so, how?
3. Are you and your mentor satisfied with your progress so far? If not, how do you plan to address the concerns?
4. What do you consider to be the strengths of your work to date?
5. What do you considered to be the weaknesses?

6. Are you satisfied with the dialogue and work with your mentor. If not, have you discussed this with your advisor or the MFA Chair?

7. How many times have you met with your mentor to date?

8. Do you anticipate fulfilling the goals and work outlined in your project proposal within the specified timeline? If not, when do you expect to complete?

9. Do you have any questions, concerns or need for additional assistance at this point?

Copies of this form should be sent to the Project Mentor and the Program Administrator

Candidate signature: _____ Date: _____

Advisor signature: _____ Date: _____

Maine Media College MFA Program

Candidate Final Project Evaluation

Candidate Name_____ **Date**_____

Mentor Name_____

Project Title_____

Please address the following questions in your evaluation of the work on this Project.

Did you accomplish the goals and requirements of the Project?

Are you satisfied with the scope and quality of your work?

What do you consider to be the strengths of this particular work?

What do you consider to be the weaknesses of this particular work?

Are you satisfied with your level of commitment to the Project?

Are you satisfied with the dialogue and work with your mentor?

Do you have any questions, concerns or need for additional assistance that have come about by working on this project?

Copies of this form should be sent to the Program Administrator

Candidate signature _____ Date _____

Advisor signature: _____ Date: _____

Maine Media College MFA Program Mentor Residency Evaluation

Candidate Name _____ Date _____

Mentor Name _____

Residency Title _____

Please address the following questions in your evaluation of the Candidate's work during this residency.

1. Did the Candidate accomplish the goals and requirements of the residency?
2. Are you satisfied with the scope and quality of the Candidate's work?
3. What do you consider to be the strengths of the Candidate's work?
4. What do you consider to be the weaknesses and what recommendations do you have for improvement in these areas?
5. Are you satisfied with the Candidate's level of commitment during the residency?

This form should be sent to the Program Administrator.

Mentor signature _____ Date _____

Advisor signature _____ Date _____

Maine Media College MFA Program Candidate Residency Evaluation

Candidate Name _____ Date _____

Mentor Name _____

Residency Title _____

Please address the following questions in your evaluation of this residency.
Did you accomplish the goals and requirements of the residency?

Are you satisfied with the scope and quality of your work?

What do you consider to be the strengths of this particular work?

What do you consider to be the weaknesses of this particular work?

Are you satisfied with your level of commitment to the residency?

Are you satisfied with the dialogue and work with your mentor?

Copies of this form should be sent to the Program Administrator

Candidate signature _____ Date _____

Advisor signature: _____ Date: _____

Maine Media College Advisor Evaluation

To be completed by the candidate.

Candidate: _____

Advisor: _____

Date: _____

1. Are you generally satisfied with your advisor?

2. Has your advisor been helpful to you in constructing a plan for completing the MFA degree requirements?

3. Has your advisor been helpful to you in pursuing your individual goals and objectives?

4. What do you consider the advisor's strengths?

5. What do you consider to be the advisor's weaknesses?

Do not write below this line

Readers' notes:

