

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: _____