

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 _____