<b>ART 5950A</b> MFA Professional (Previously ART 5952 MFA Profession				
PREREQUISITES: CLASSIFIE	D GRADUATE STANDING AND C	ONSENT OF INSTRU	CTOR	
NAME:		CIN:		
ADDRESS:				
CITY:				
PHONE:	CSULA EMAIL:			
	FIELD WORK SITE LOCATION			
NAME OF ORGANIZATION:				
ADDRESS OF ORGANIZATION: _				
FIELDWORK SITE SUPERVISOR: _				
POSITION &/OR TITLE:				
PHONE:				
DESCRIPTION OF FIELDWORK:				
Student Signature:		Date:		
Please print name & then sign				
Organization Supervisor Signature	ı:	Date:		
Please print name & then sign				
Advisor Signature:		Date:		
Please print name & then sign			_	
Department Chair Signature:		Date:		