



ANNA LEONOWENS GALLERY

5163 Duke Street Halifax Nova Scotia B3J 3J6
T 902 494 8223 annaleonowens@nscad.ca

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(term applying for)

FACULTY STUDIO ADVISOR'S ASSESSMENT FORM

This form is to be used by CURRENT FACULTY STUDIO ADVISORS when assessing proposals for solo exhibitions by undergraduates entering the final semester of their program. Please return the completed form to the Gallery in person or through the campus mail by the deadline dates below. It is the student's responsibility to ensure that the Gallery receives this assessment by the indicated deadlines; as such, you can also give the completed form to the student in a sealed envelope for delivery purposes.

FULL NAME OF STUDENT .....

TITLE OF EXHIBITION .....

NAME OF FACULTY ADVISOR .....

PLEASE DESCRIBE YOUR ASSOCIATION WITH THE APPLICANT .....

WILL YOU BE TEACHING AT NSCAD DURING THE SEMESTER THE APPLICANT HAS APPLIED FOR AN EXHIBITION .....YES.....NO

Your assessment of a student is necessary in organizing the programming of the Gallery. It is also expected that you will mentor the student through the exhibition process. You WILL be contacted if there are any questions concerning the applicant's exhibition.

1. Please ASSESS the applicant with peer-students regarding the following criteria:

Table with 5 columns: ISSUE, EXCELLENT, VERY GOOD, GOOD, FAIR. Rows include STUDIO DEVELOPMENT, READINESS FOR EXHIBITION, ABILITY TO INSTALL PROJECTS.

2. Please indicate if you are firmly convinced that the applicant is a prime candidate for a solo exhibition. If you have reservations, please indicate the type of exhibition project that you believe the applicant should appear in:

Table with 5 columns: SOLO, 2 PERSON PROJECT, GROUP EXHIBITION, NOT READY. Row: RECOMMENDED STATUS.

3. Please indicate each level of your mentoring involvement with the applicant throughout the preparation and exhibition process:

Table with 5 columns: DISCUSS PROPOSAL, STUDIO CRITIQUES, DISCUSS INSTALLATION, ASSIST INSTALLING. Row: MENTORING ACTIVITY.

COMMENTS: .....

By signing this assessment form you are agreeing that all of the above information is correct. Should the applicant be accepted, you are acknowledging that you are ready and able to assist and mentor the applicant with the planning and the execution of their proposed exhibition.

FACULTY SIGNATURE ..... DATE .....

This form must be received at the Anna Leonowens Gallery before 5:00 PM (including weekends and holidays):
15 OCTOBER for WINTER Semester exhibition requests.
15 MARCH for SUMMER Semester exhibition requests.
1 JUNE for FALL Semester exhibition requests.