



www.ocadu.ca
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Independent Study Critique Form

Any personal information you choose to provide on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and not released to any other parties.

- DEADLINES:**
- | | | | |
|----|---|---|--|
| #1 | <input type="checkbox"/> Summer: May 22, 2015 | <input type="checkbox"/> Fall: September 16, 2015 | <input type="checkbox"/> Winter: January 15, 2016 |
| #2 | <input type="checkbox"/> Summer: June 19, 2015 | <input type="checkbox"/> Fall: October 28, 2015 | <input type="checkbox"/> Winter: February 26, 2016 |
| #3 | <input type="checkbox"/> Summer: August 7, 2015 | <input type="checkbox"/> Fall: December 9, 2015 | <input type="checkbox"/> Winter: April 8, 2016 |

Student Information

Last Name	First Name	Student Number
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Course Code

CRITIQUE #1 – Proposal and Research Development

Evaluation criteria to be defined by the student and the supervising teaching faculty. The following are recommended factors for evaluation of this project. For each factor, define the percentage each will play in the final evaluation. Other factors may be included in addition to or instead of the given criteria. Please specify and include the percentage official grade for each factor added.

- | | | |
|--|-------------|--|
| Creative problem solving: | _____ /100% | |
| Research: | _____ /100% | |
| Aesthetic/visual literacy excellence: | _____ /100% | |
| Quality of execution: | _____ /100% | |
| Record of regular meetings: | _____ /100% | |
| Completion of work [achievement of goals]: | _____ /100% | |
| Other factors [specify]: | _____ /100% | NOTE: Sum of all factors must total 100% |

CRITIQUE #2 – Progress of Project Development

Written narrative [use this space or attach separate sheet]

Interim Grade: _____

CRITIQUE #3 – Final Evaluation

Written narrative [use this space or attach separate sheet]

Final Grade: _____

NOTE: Final critique must be submitted for Associate Dean's review.

Student: I scheduled and have met with the supervising teaching faculty for this Critique.

Signature of Student

Date

Teaching Faculty: I have met with the student to discuss issues relevant to the project for this Critique.

Name of Teaching Faculty

Signature

Date

Received by:

Date:

Entered: