

**Section I: Student Information** (Applicant completes this section.)

First Name Preferred Name  
Last Name Email  
Desired CAD Major

---

**Section II: Portfolio Review** (CAD Undergraduate Program Director completes this section.)

**Accept**

**Reject**

**If rejected, identify areas for development:**

**Reviewer's Name**

- |  |   |
|--|---|
| <input type="checkbox"/> 2D design                       | <input type="checkbox"/> Figure drawing         |
| <input type="checkbox"/> 3D forms/sculpture              | <input type="checkbox"/> Full range of values   |
| <input type="checkbox"/> Cinematography                  | <input type="checkbox"/> Media exploration      |
| <input type="checkbox"/> Color                           | <input type="checkbox"/> Originality            |
| <input type="checkbox"/> Composition                     | <input type="checkbox"/> Perspective            |
| <input type="checkbox"/> Craftsmanship                   | <input type="checkbox"/> Point of view/cropping |
| <input type="checkbox"/> Creativity                      | <input type="checkbox"/> Proportion             |
| <input type="checkbox"/> Directing                       | <input type="checkbox"/> Sound design           |
| <input type="checkbox"/> Drawing from direct observation | <input type="checkbox"/> Storytelling           |
| <input type="checkbox"/> Editing                         | <input type="checkbox"/> Technical drawing      |
| <input type="checkbox"/> Expressive line                 | <input type="checkbox"/> Typography             |

**Date**