

DESIGN STUDIO FINAL PRESENTATION ASSESSMENT

Kindly forward to the Registrar who will inform students of design marks

Student Name _____	ID# _____	
Design Level _____	Studio Location _____	Final Letter Mark _____
Date _____	Next design studio to be completed _____	
Instructor Name(s) _____		
Studio Coordinator's Name _____		

Based on your performance in this design level, we feel that you (*select one*) has / has not met the requirements of the above Design Studio Course as outlined in the problem statement made at the beginning of this session. These requirements reflect those stated in the guidelines for this level as set out in the RAIC Syllabus Course Outline issued by the National Office.

ASSESSMENT SUMMARY

(Use reverse side of page if required)

Attach Jury Comments Sheets from the Final Presentation

Coordinator Signature: _____ Date: _____

ASSESSMENT SUMMARY

(Continued from front page)

Attach Jury Comments Sheets from the Final Presentation

Coordinator Signature: _____ Date: _____