

Permission to Enroll in ANTH 797 (Thesis Research)
Department of Anthropology

Name _____ Date _____

Address _____ Semester _____ Year _____

_____ Red ID # _____

Telephone _____ Sched # _____

Title of Research:

Human Subjects Approval Date _____ (please attach a copy of IRB approval)

Supervising Faculty Signature: _____
(Print) (Signature) (Date)

Graduate Advisor Signature: _____
(Print) (Signature) (Date)

Graduate Student Signature: _____
(Print) (Signature) (Date)

Once Signed request a schedule number from the supervising faculty member and then drop form off in anthropology department office.