

Anthropology 798 – Special Study
Department of Anthropology

Name _____

Date _____

Address _____

Semester _____ Year _____

Red ID # _____

Telephone _____

Schedule # _____ Units 1 2 3

Circle one

Classified Status: Yes No

You must have classified status to enroll

A. Brief Title of Project

B. Outline of Project

C. Objective of Project

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

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

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

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