

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

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Red ID # \_\_\_\_\_

Telephone \_\_\_\_\_ Sched # \_\_\_\_\_

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Title of Research:

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.*