

Anthropology 499 (Special Study)
Department of Anthropology

Name _____ Date _____
Address _____ Semester _____ Year _____
_____ Red ID # _____
Telephone _____ Email _____
Schedule # _____ Units 1 2 3 *Circle One*

A. Title of Project (3 to 5 words)

B. Brief Outline

C. Project Objective

D. If you would like to have this course to count towards the major, please select the category below and complete a Request for Adjustment of Academic Requirement form, attaching a copy of this document to it.

_____ **Area/Regional** _____ **Methods** _____ **Theory/Topical**

Student _____
(Print) (Signature) (Date)

Supervising Instructor _____
(Print) (Signature) (Date)

Undergraduate Advisor _____
(Print) (Signature) (Date)

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