Department of Anthropology - Special Problems/Project Agreement

Student completes PART A. Faculty Director of study completes PART B. When Special Problems/Project is agreed, complete PART C. Original signed copy is to be brought by the student to the Departmental Chairman’s office.

REQUEST FOR:  
(CHECK ONE)

___ ANTH 499 (undergraduate credit only) Special Problems: Variable credit: 1-4, May be repeated for credit. S, F grading.

___ ANTH 600 Special Projects or Independent Study: Variable credit.

PART A:  (TO BE COMPLETED BY THE STUDENT)

NAME: ___________________________ ID#: ___________________________ DATE: ___________________________

Special Problem Topic: ________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Justification for Special Problems Course: ________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

NUMBER OF CREDIT HOURS: ___________________________ SEMESTER/YEAR: ____________

FACULTY DIRECTOR OF STUDY: ______________________________________________________

PART B:  (TO BE COMPLETED BY THE FACULTY DIRECTOR OF STUDY)

The student’s performance in this ANTH 499/ANTH 600 (circle one) will be evaluated by the following (choose one or more):

______ Written Examination

______ Oral Examination

______ Written Report

______ Other, Specify: ________________________________________________________________

PART C:  (The signatures below indicate mutual agreement as specified above)

Student’s signature: __________________________________________________________________

Study Director signature: __________________________________________________________________

Department Chair signature: __________________________________________________________________

Distribution:

___ Study Director and/or Student Advisor

___ Student

___ Department Chair

revised 1/22/98
FORMS 499/600 agree