## 2020-21 DEPARTMENT OF ANTHROPOLOGY PROGRAM STATEMENT

## Submit form to Anthropology Graduate Office by: September 18, 2020

NAME	STUDENT NUMBER	
ADDRESS	FIELD	
	ADVISOR/SUPERVISOR	
PHONE #: ( )	E-MAIL:	
PROGRAM: (circle) M.A. M.Sc. PH.D.		
Collaborative Program: (if any)		
STATUS: Full-time [ ] Part-time [ ] On- *You must arrange for off-campus s		
PART A: To be completed by <u>all</u> graduate student COURSE ENROLLMENT 2020-21 (COURSES OR RST 999)		uirements)
Course Title	Course Number	Instructor
PART B: All Master's students:		
Course Requirement: 2020-21 registration will co	omplete [ ] will not com	plete [ ]**
**If your 2020-21 registration will not complete your cou	rse requirement, please explain: (attach	a separate sheet if necessary)
		,

ART C: Ph.D. Students only:	
Thesis title:	
	ng program requirements: (attach a separate sheet if necessary
Course work:	
Advisory Committee: list members:	
Most recent Mentoring Meeting date:	
Language Requirement:	
Thesis proposal submission and defense date:	
Research progress:	
-	
For post proposal Dh.D. students: When did your d	doctoral committee last meet?:
For post proposar rn.D. students. When did your d	loctoral committee last meet?.
ART D: For All Students:	
UDENT'S SIGNATURE:	Date
reby acknowledge that I have met with this student on this	s date:
visor/Supervisor	Date
PROVED	
aduate Coordinator	DATE