Submit form to Anthropology Graduate Office by: September 21, 2018

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-campus [ ] Off-campus* [ ]
*You must arrange for off-campus status with your Supervisor and the Graduate Office.

PART A: To be completed by all graduate students:

COURSE ENROLLMENT 2018-19 (COURSES OR RST 9999Y) (refer to handbook for program requirements)

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Number</th>
<th>Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART B: All Master’s students:

Course Requirement: 2018-19 registration will complete [ ] will not complete [ ]**

**If your 2018-19 registration will not complete your course requirement, please explain: (attach a separate sheet if necessary)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Continued on page 2
PART C: Ph.D. Students only:

Thesis title: ____________________________________________________________

Describe your plan to complete the following 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 Ph.D. students: When did your doctoral committee last meet?: __________________________

PART D: For All Students:

STUDENT'S SIGNATURE: __________________________ Date ______________________

I hereby acknowledge that I have met with this student on this date:

_____________________________ Date __________________________

Advisor/Supervisor

APPROVED

Graduate Coordinator DATE