DEPARTMENT OF ANTHROPOLOGY PROGRAM STATEMENT

Submit form to Anthropology Graduate Office by: September 20, 2019

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 2019-20 (COURSES OR RST 9999Y) (refer to handbook for program requirements)

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<th>Course Title</th>
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PART B: All Master’s students:

Course Requirement: 2019-20 registration will complete [ ] will not complete [ ]**

**If your 2019-20 registration will not complete your course requirement, please explain: (attach a separate sheet if necessary)

__________________________________________________________________________
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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