

University of Louisville  
Anthropology  
Graduate Studies  
Thesis/Internship Project Approval

Student name: \_\_\_\_\_

Date: \_\_\_\_\_ Revised form? Yes \_\_\_ No \_\_\_

Thesis or Internship Project Working Title:

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Brief Description of Thesis or Internship Project:

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Student Signature \_\_\_\_\_

Thesis/Internship Advisor: \_\_\_\_\_

Thesis/Internship Advisor Signature \_\_\_\_\_

Other members of thesis/internship project:

Second member (advisor is first member)

Name: \_\_\_\_\_

Third member

Name: \_\_\_\_\_

Projected date for thesis/internship project defense: \_\_\_\_\_