

University of Louisville
Anthropology
Graduate Studies
Thesis/Internship Project Approval

Student name: _____

Date: _____ Revised form? Yes ___ No ___

Thesis or Internship Project Working Title:

Brief Description of Thesis or Internship Project:

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: _____