Anthropology Department
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:

Other members of thesis/ internship project:

Second member (advisor is 1st member)

Thesis/ Internship Advisor Signature

Name:_____

Third member

University of Louisville

Name:

Projected date for thesis/ internship project defense:_____

Thesis/ Internship Advisor: