

DEPARTMENT OF ANTHROPOLOGY

STATEMENT OF PLAN TO FULFILL METHODOLOGICAL SKILLS REQUIREMENT

Student Name: _____

SID: _____

Initial Plan: _____ Revised Plan: _____

What is the methodological skill:

How will competency be demonstrated:

Signature of student: _____

Date: _____

Signature of Faculty Advisor: _____

Date: _____

Approved by Graduate Committee: _____

Date: _____