DEPARTMENT OF ANTHROPOLOGY

STATEMENT OF PLAN TO FULFILL METHODOLOGICAL SKILLS REQUIREMENT

Student Name:_____________________________________  SID:________________________
Initial Plan:____________           Revised Plan:_________         Completed Plan______________

What is the Methodological skill:

How will competency be demonstrated:

List how and when the Methodological Skill was completed:

Signature of Student:_______________________________ Date:______________________
Signature of Faculty Advisor:________________________ Date:______________________
Approved by Graduate Committee:____________________ Date:______________________