

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: \_\_\_\_\_