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: ___________