DEPARTMENT OF ANTHROPOLOGY

ANT 397 CONFERENCE COURSE
REGISTRATION FORM

Return completed and signed form to the Graduate Coordinator.

Semester/Year for Course: ______________

Student Name: ___________________________   EID: ___________________

E-mail: (please print) ________________________________

Please remember one form per conference course.

UNIQUE number: ______________

How will this course be graded? (Please circle one.)  Credit/No Credit  or  Letter Grade

Describe the topic, goals, and requirements of the course:

The above named student has my permission to register for this conference course with me.

________________________________________
Supervising Faculty Signature

________________________________________
Printed Name

___________
Course Added on (date): _________ by: ___________