DEPARTMENT OF ANTHROPOLOGY STUDENT COURSE PETITION

NAME:	PER	SON NUMBER:
to take courses from outs	etition any course changes towards d ide the department. Please indicate se will fulfill. Once you have receiv ate Study you may register for the co	your reason for the request, and ed approval from your advisor
Request:		
Course #:	Course Title	
Semester Taken	Will fulfill	requirement
Course #:	Course Title	
Semester Taken	Will fulfill	requirement
Student signature:		
Advisor Name:	Advisor Signatu	re:
Director of Graduate Stud	dy Signature:	·
NOTES:		