

THE UNIVERSITY OF CHICAGO
Department of Anthropology
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APPROVAL OF THESIS PROPOSAL

Date _____

To: The Chairman, Department of Anthropology

From: The Advisory Committee for _____

Proposal hearing for thesis entitled _____

We have read this proposal, consider it acceptable, and recommend it for hearing by the

Department on (Date): _____

*Signatures

Chair: _____

Member: _____

Member: _____

Member: _____

Member: _____

*Your committee chair's signature on the "Approval of Thesis Proposal" form certifies the completion of all requirements for the PhD save the dissertation. If the chair is not available, the chair of the Committee on the Graduate Program can review the case and sign the form.

The minimum requirement is **three** signatures.