

Registered by: _____
 Date Registered: _____

DEPARTMENT OF ANTHROPOLOGY INDEPENDENT STUDY / RESEARCH FORM

*Note: This form **must** be used in order to register for all Independent Study / Research courses.*

COURSE #	# OF CREDITS	COURSE TITLE	COURSE ATTRIBUTES	GRADE ASSIGNED	CHANGE TITLE
ANT 4905		Individual Work	1-5 hrs./registration	letter grade	yes
ANT 4907		Research Projects	1-5 hrs./registration	letter grade	yes
<i>NOTE: Max. for combined 4905 & 4907 is 9 hrs. Max. of 9 hrs counts toward upper division requirements for majors.</i>					
ANT 4914		Departmental Honors	3.5 upper division GPA; 3 credits per registration	letter grade	no

NOTE: None of the above fulfill upper division elective minor requirements

ANG 6905		Individual Work	max. 10*, 1-3 per registration	letter grade	yes
ANG 6910		Supervised Research	max. 5*, 1-5 per registration	S/U	no
ANG 6915		Research Projects	max. 10*, 1-3 per registration	letter grade	yes
ANG 6940		Supervised Teaching	max. 5*, 1-5 per registration	S/U	no
ANG 6945		Internship in Anthro	max. 8*, 1-8 per registration	letter grade	no
ANG 6971		Master's Research	no max., 1-15 per registration	S/U	no

Note: ANG 6971 is for thesis students only. Final term registration for all MA thesis students is 3 credits for Fall & Spring, 2 credits for Summer. Only 6 hrs. total will count toward MA total hrs required.

ANG 7979		Advanced Research	no max., 1-12 per registration	S/U	no
<i>NOTE: ANG 7979 - for PhD students who have not passed quals. 3 hrs required during semester quals taken.</i>					
ANG 7980		Doctoral Research	no max., 1-15 per registration	S/U	no

Note: ANG 7980 - for Ph.D. students who have passed quals. Final term registration for all Ph.D. students is 3 credits for Fall & Spring, 2 credits for Summer.

GRADUATE STUDENTS NOTE: All grad credits above count toward the total hours required for your degree. However only graded individual study/research credits count toward the total credits required **AND** towards the dept.'s required ANG graded credits. No course on this sheet counts toward the department's required amount of lecture/seminar credits.

Student's Name: _____ UFID#: _____
 E-mail address: _____ Contact #: _____
 Semester: (circle one) Fall Spring Summer A Summer B Summer C Year: _____
 Brief description of proposed work: _____

Supervising Faculty (signature): _____ Date: _____
 Supervising Faculty (print name): _____

Note: E-mail from professor explicitly stating agreement to supervise above hours may be attached in lieu of signature.

Is the supervising faculty the chair or a member of your committee? (circle one) CHAIR MEMBER

Zip code where research will be performed: _____

*Max. for entire graduate career.