DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee on Graduate Studies

Department of Anthropology

University of Pittsburgh

Dear Committee Members:

I would like to petition the Committee on Graduate Studies to approve courses I (will take) (have taken) to satisfy the Methods and Theory requirements for the (M.A.) (Ph.D.) degree.

Check as appropriate:

 \_\_\_\_ My subfield is Cultural Anthropology, and I wish to substitute:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for

Anthropology 2763 (Field Methods)

 \_\_\_\_ My subfield is Cultural Anthropology, and I wish to substitute:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for

Anthropology 2750 (Contemporary Theory)

\_\_\_\_ My subfield is Archaeology, and I wish to substitute:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for

Anthropology 2534 (Archaeological Data Analysis I)

\_\_\_\_ My subfield is Archaeology, and I wish to substitute:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for

Anthropology 2524 (Archaeological Data Analysis II)

\_\_\_\_ My subfield is Physical Anthropology, and I wish to use \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the

first methods course.

\_\_\_\_ My subfield is Physical Anthropology, and I wish to use \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the

second methods course.

For courses taken outside the University of Pittsburgh, I have indicated above where they were taken and attached course syllabi, transcripts, etc.

My advisor, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose signature appears below, has approved of these courses as appropriate for my program. Thank you for your consideration of this request.

Thank you for your consideration of this request.

Yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name