

ANTH 499 INTERNSHIP APPROVAL FORM

Student Name: _____

Student Number: _____

Anthropology
Program:

Major
Concentration

Minor
Concentration

Honours

Joint Honours

Year: U2

U3

Student E-Mail: _____

Course Number: ANTH 499 Expected Date of Completion: _____

Expected Date of Graduation: _____

Name of Host Organization/Institution: _____

Contact Person at Host Organization/Institution: _____

Address of Host Organization/Institution: _____

Telephone of Host Organization/Institution: _____ E-Mail: _____

Duration of Internship (Please indicate the total number of hours you expect to work): _____

Description of Task: _____

Supervisor at McGill (Name, Department, E-Mail/Phone): _____

Proposed Topic of Academic Paper: _____

Outline of Proposed Research: _____

Date

Signature (McGill Supervisor)

Date

Signature (Department Internship Advisor)

Date

Signature (Department Chair)