Agreement to Supervise a Restricted Course
Department of Anthropology, The University of Memphis

Student Name:____________________________________ SS#: __________________

I agree to supervise this student in Course #__________
Describe the course in the space below or attach a proposal.

for the semester    Fall ______  Spring ______  Summer ______  20 _____

The student will earn credit hours upon successful completion of the course.

________________________________________________________________________
Student’s Signature  Date

________________________________________________________________________
Instructor’s Signature  Date

Course Description: