

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: