



Department of Anthropology

Course Approval Form

To be completed prior to registration in Aurora.

Student's Name: _____

Student Number: _____

Advisor's Name: _____

Program: _____

Academic Year: _____

Year in Program: _____

Course Number	Course Name	Number of Credits

Student's signature: _____

Date: _____

Advisor's signature: _____

Date: _____

Department Head Approval: _____

Date: _____