



Boise State University Department of Anthropology

**APPLICATION FOR
APPROVAL OF ANTH 495 THESIS PROPOSAL**

Today's date: _____

Student Name: _____ Student ID #: _____

Student Address: _____

Student E-Mail Address: _____ Phone: _____

B.A. Thesis Title : _____

Brief Description of Thesis Proposal: _____

Semester and Year to be Completed: _____

(Signature of Student)

(Date)

(Signature of Supervisory committee member)

(Date)

(Signature of Supervisory committee member)

(Date)

**RETURN COMPLETED FORM TO THE ANTHROPOLOGY DEPARTMENT, HWSC
55, 1910 University Drive, Boise, Idaho, 83725-1950; PHONE: (208) 426-3023; FAX: (208)
426-4329**