

**DEPARTMENT OF ANTHROPOLOGY
COLUMBIA UNIVERSITY**

PH.D. PROSPECTUS DEFENSE APPLICATION

Date: _____

Name: _____

S.S.#: _____

Address: _____

Phone: _____ Email: _____

Meeting for defending the Ph.D. research prospectus. (This must occur prior to beginning research.)

Faculty Committee:

Signature:

1. _____

2. _____

3. _____

Proposal title: _____

Outcome:

- Acceptable
- Unacceptable
- Revisions required

Comments: _____

Revised 3/23/05