University of Manitoba | **Faculty of Arts**

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:** _____