

# ARCHAEOLOGY PROGRAM

## APPLICATION FOR INDEPENDENT WORK FOR DISTINCTION

### Student Information (Please print all information)

First and last name: \_\_\_\_\_

ID number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

Expected graduation date (month/year): \_\_\_\_\_

Semesters working on project: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

### Faculty Project Advisor information (Please print all information)

First and last name: \_\_\_\_\_

CAS Department: \_\_\_\_\_

Email address: \_\_\_\_\_

Office mailing address: \_\_\_\_\_

\_\_\_\_\_

Office phone number: \_\_\_\_\_

**Title of project:**

\_\_\_\_\_

**Application Check List**

**Please include the following materials to your application. Once everyone has signed the form bring form to Maria Sousa, Department of Archaeology CAS 347.**

- Provide a brief description of your intended project. Outline the significance of the proposed work, the method of investigation that will be employed, and the ways the result of the investigation will be analyzed.
  
- Include a bibliography of readings that are relevant to your work.
  
- Explain how this project fits in with your academic and career goals.
  
- Attach an unofficial copy of your BU transcript.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the faculty project advisor:**

Student's name:

How long and in what capacity have you known the student?

Please evaluate the applicant's aptitude for independent research according to the criteria listed below. Please add any applicable comments.

	Exceptional	Good	Fair	Poor	Unable to judge
Native intellectual ability					
Breadth of knowledge in subject					
Written communication skills					
Ability to work independently					
Level of initiative					
Level of motivation					
Laboratory skills (if applicable)					

Comments:

*I have read the student's proposal and recommend that it be accepted as an Independent Work for Distinction Project.*

Faculty Project Advisor (PRINT) \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Project Advisor (SIGNATURE) \_\_\_\_\_ Date: \_\_\_\_\_

Director of Undergraduate Studies (PRINT) \_\_\_\_\_ Date: \_\_\_\_\_

Director of Undergraduate Studies (SIGNATURE) \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairman (PRINT) \_\_\_\_\_ Date: \_\_\_\_\_

Department Chairman (SIGNATURE) \_\_\_\_\_ Date: \_\_\_\_\_

Registration Confirmation signature \_\_\_\_\_ Date: \_\_\_\_\_