

**DEPARTMENT OF ARCHAEOLOGY
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: _____