

Department of Anthropology Request for Preliminary Exam (Revised 10/22/2021)

| Students Name | | Campus ID |
|---|--------------|----------------------------------|
| Date of Prelim | | Time |
| Proposal Title | | |
| Minor Name Distributed | Dept/Program | Date of Completion |
| Minor Contact Name | e & Email | |
| Dept. Chair Name & | Email | |
| Committee Members (Name & Email): | | |
| 1. | | |
| 2. | | |
| | | |
| 3. | | |
| 4. | | |
| 5. | | |
| | | |
| Human Subjects Protocol Submission or Approval Date | | |
| Have you submitted a copy of your protocol to the Graduate Coordinator for your file? | | |
| Yes | (date) | o, but I will submit it by(date) |
| Note: Only the IRB can grant an exemption. Your advisor cannot. | | |
| Return completed form to the Anthropology Graduate Coordinator at anthrograd@mailplus.wisc.edu A minimum of six weeks prior to the proposed exam date. | | |
| □ Do you need the conference room or a computer/projector? | | |