

**C O N F I D E N T I A L**

**M.A. Review Committee Report Form**

DEPARTMENT OF ANTHROPOLOGY

Student Name:

Student Number:

Thesis Title:

Standing:  
(Pass/Fail)

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*Please provide a brief description of the meeting to evaluate the thesis including information on significant disagreements and the points of consensus about the quality of the paper, i.e. the strength and weaknesses of the paper.*

Signature of M.A.R.C. representative:

Date: