

Museum of Anthropology and American Archaeology Division

University of Missouri

PLEASE NOTE

All research requests must be approved at least 24-hours in advance of the visit.

----- Complete & submit via post, e-mail or fax. Contact info at bottom of page. -----

Date: _____

Name(s): _____

Affiliation: _____

Address: _____

Phone: _____ Email: _____

Advisor Name & Email (if applicable): _____

Research Type (circle one): Professional paper/publication, Thesis/Dissertation, Class project/paper,

Other (explain): _____

Paper title or topic: _____

Collection(s): Artifact _____ Archives/Library _____ NAGPRA _____ Archery _____

Specifically (ex. Bray papers, 23NM38 ceramics, etc.): _____

Preferred Date & Time of Visit: _____

Provide a brief description of your research below: explain what you want to do with MU collections and why, state your research questions or goals, describe your analyses, methodologies, etc. (or attach an additional sheet). _____

Will you photograph objects? Yes _____ No _____ Not Sure _____

Special accommodations? _____

Approved by: _____

Date: _____