

# Appendix



**UNIVERSITY OF CALIFORNIA, SANTA BARBARA  
DEPARTMENT OF ANTHROPOLOGY**

**CHANGE OF MA COMMITTEE**

Student Name \_\_\_\_\_  
Last First Middle

**Please make the following changes to the graduate committee of the student above**

- **Add the following name(s) to the committee of record**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Remove the following name(s) from the committee of record**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Chair or Graduate Faculty Advisor

Submit completed form to Graduate Program Assistant

UNIVERSITY OF CALIFORNIA, SANTA BARBARA  
DEPARTMENT OF ANTHROPOLOGY

**RESEARCH PAPER APPROVAL**

Student  
Name \_\_\_\_\_  
Last First Middle

Research Paper Title:

Approval Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Chairperson

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to Graduate Program Assistant

UNIVERSITY OF CALIFORNIA, SANTA BARBARA  
DEPARTMENT OF ANTHROPOLOGY

**DISSERTATION PROPOSAL**

Student  
Name \_\_\_\_\_  
Last First Middle

Research Proposal Title:

Approval Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Chairperson

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DEPARTMENT OF ANTHROPOLOGY

**WAIVER OF CORE COURSE**

Student  
Name \_\_\_\_\_

Last

First

Middle

Subject and  
Course number

Course Title

Instructor

Justification for waiver:

Approval Signatures:

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Chairperson

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

\_\_\_\_\_ Date: \_\_\_\_\_  
Type or Print Name Signature of Committee Member

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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DEPARTMENT OF ANTHROPOLOGY

**WAIVER OF  
COMPREHENSIVE/ASSESSMENT  
EXAM**

Student  
Name \_\_\_\_\_  
Last First Middle

Justification for waiver:

Approval Signatures:

\_\_\_\_\_  
Type or Print Name Signature of Chairperson Date: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name Signature of Committee Member Date: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name Signature of Committee Member Date: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name Signature of Committee Member Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to Graduate Program Assistant