

# Appendix





UNIVERSITY OF CALIFORNIA, SANTA BARBARA  
DEPARTMENT OF ANTHROPOLOGY

**RESEARCH PAPER APPROVAL**

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

Research Paper Title:

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

UNIVERSITY OF CALIFORNIA, SANTA BARBARA  
DEPARTMENT OF ANTHROPOLOGY

**DISSERTATION PROPOSAL**

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

Research Proposal Title:

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: \_\_\_\_\_

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UNIVERSITY OF CALIFORNIA, SANTA BARBARA  
DEPARTMENT OF ANTHROPOLOGY

**WAIVER OF CORE COURSE**

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

Subject and Course Title Instructor  
Course number

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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UNIVERSITY OF CALIFORNIA, SANTA BARBARA  
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