

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
DEPARTMENT OF ANTHROPOLOGY

WAIVER OF CORE COURSE

Student Name _____
Last First Middle

Subject Course number Instructor

Justification for waiver:

Approval Signatures:

Print Name Signature of Chairperson Date: _____

Print Name Signature of Committee Member Date: _____

Print Name Signature of Committee Member Date: _____

Print Name Signature of Committee Member Date: _____

Student's Signature: _____ Date: _____

Submit completed form to Graduate Program Assistant.