

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
DEPARTMENT OF ANTHROPOLOGY

DISSERTATION PROPOSAL APPROVAL

Student's Name _____
Last First Middle

Proposal Title:

Approval Signatures:

_____	_____	Date: _____
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: _____
Print Name	Signature of Committee Member	

Student's Signature: _____ Date: _____

Submit completed form to Graduate Program Assistant.