

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