

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
DEPARTMENT OF ANTHROPOLOGY

CHANGE IN MASTER OF ARTS COMMITTEE

Student Name _____
Last, First Middle

Please make the following changes to the MA committee of the student above:

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

Type or Print Name Signature of Committee Member

Type or Print Name Signature of Committee Member

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

Type or Print Name Signature of Committee Member

Type or Print Name Signature of Committee Member

Student's Signature: _____ Date: _____

Approval Signature: _____ Date: _____
Department Chair or Graduate Faculty Advisor

Print name: _____

Submit completed form to Graduate Program Assistant