

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: _____

Submit completed form to Graduate Program Assistant