

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