

## WAIVER OF FINAL DEFENSE FOR JOINT DOCTORATE

Student Name: \_\_\_\_\_ UCSB Perm #: \_\_\_\_\_  
(Last, First, Middle)

Joint Doctoral Program in \_\_\_\_\_

Title of Dissertation: \_\_\_\_\_  
\_\_\_\_\_

**The doctoral committee requests that the candidate's final examination be waived.**

Signature of members followed by printed name:	Waived? ( <i>yes or no</i> )	
_____	___ yes	___ no
_____	___ yes	___ no
_____	___ yes	___ no
_____	___ yes	___ no
_____	___ yes	___ no

**The committee therefore recommends that the degree be  conferred  denied.**

The above named candidate has met all the requirements of the Joint Doctoral Program, the UCSB department conferring the degree, and those of the UCSB Graduate Division. I concur with the recommendation of the doctoral committee that the final examination be waived. The degree will be conferred and dated \_\_\_\_\_.

Signed: \_\_\_\_\_  
Joint Doctoral Program Director/Institutional affiliation Date

Signed: \_\_\_\_\_  
Joint Doctoral Program Director/UCSB Date

Signed: \_\_\_\_\_  
UCSB Department Chairperson Date

Signed: \_\_\_\_\_  
Dean of the Graduate Division/Institutional affiliation Date

Signed: \_\_\_\_\_  
Dean of the Graduate Division/UCSB Date

*Send original to UCSB Graduate Division. After approval by the Graduate Dean, copies will be distributed to the appropriate departments on both campuses.*