

**DOCTORAL DEGREE
FORM III**GRADUATE DIVISION, 3117 CHEADLE HALL
UNIVERSITY OF CALIFORNIA, SANTA BARBARA**REPORT ON DOCTORAL DEGREE FINAL DEFENSE****REGISTRATION IN AN ACADEMIC QUARTER OR FILING LEAVE OF ABSENCE IS REQUIRED****THE QUARTER OF DISSERTATION/DMA SUPPORTING DEFENSE OR WAIVER***A copy of the processed form will be sent via email to the student and department*Name: Daniel W. Hieber Perm: 3005485 UMail: dhieber@ucsb.eduDegree: Ph.D. Major: Linguistics ☒ Registered or ☐ Filing LOA Spring 2021*Quarter & Year*

DocuSigned by:



Signature

6/8/2021*Date*The above student's final defense was: ☒ Public ☐ WaivedOn 06/08/2021
mm/dd/yyyy the committee reports the candidate's final defense results as follows:

Member Name (type or print)	Signature	Passed/Waived	
		Yes	No
Bernard Comrie		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stefan Th. Gries		<input checked="" type="checkbox"/>	<input type="checkbox"/>
William Croft		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

The committee therefore recommends that the degree be: ☒ Conferred ☐ DeniedCommittee Chair: Marianne Mithun*Type or print Name*

DocuSigned by:



Signature

6/8/2021*Date**The above candidate has met all the requirements of the major department and those of the Graduate Division.**I concur with the recommendation of the department and doctoral committee. The degree of**Doctor of:* ☐ Philosophy or ☐ Musical Arts in _____*will be conferred* _____.**Dean of the Graduate Division:** _____ **Date:** _____