

# DegreeVerify Certificate

Á

Date Requested: 07/29/2013 13:05 EDT

Á

Date Notified: 07/29/2013 13:05 EDT

Status: Confirmed

## INFORMATION YOU PROVIDED

Subject Name: **REZA**

First Name

Middle Name

**ASLAN**

Last Name

Name Used While  
Attending School:  
(if different from above)

Date of Birth: **05/03/1972**

mm/dd/yyyy

School Name: **UNIVERSITY OF CALIFORNIA - SANTA BARBARA**

Degree Award Year:

Attempt To: **Verify a degree**

## INFORMATION VERIFIED

Name On School's Records:

**REZA ASLAN**

Date Awarded:

**09/12/2009**

Degree Title:

**DOCTOR OF PHILOSOPHY**

Official Name of School:

**UNIVERSITY OF CALIFORNIA - SANTA BARBARA**

School Division:

**COLLEGE OF LETTERS AND SCIENCE**

Major Course(s) of Study:

**SOCIOLOGY**

(and NCES CIP Code, if available):

**451101**

Dates of Attendance:

**09/22/2003 to 09/12/2009**