



# California Institute of Integral Studies

## ORAL DEFENSE ARRANGEMENT

Use this form to request your program make the arrangements for your oral defense, including announcing it to the community. Submit it, along with a copy of your thesis/dissertation abstract, to the Program Manager/Coordinator.

Student Name and Address: *(please print legibly)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ CIIS ID Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Academic Division:  M.A.  Ph.D. Dept./Program: \_\_\_\_\_

Committee Chair Name: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

Committee Member Name: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

Committee External Member Name: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

IF APPLICABLE - Additional Committee Member Name: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

IF APPLICABLE - Additional Committee Member Name: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

Thesis/Dissertation Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defense date and time: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ from: \_\_\_\_\_  am  pm to: \_\_\_\_\_  am  pm  
month day year

NON-ONLINE STUDENTS:  I will need a conference phone  I will not need a conference phone

ONLINE STUDENTS: The defense will be conducted:  entirely via teleconference

off campus as this address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I've attached the abstract of my thesis/dissertation

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee Chair:** The date and time above has been agreed upon by all committee members and I approve of the abstract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Manager/Coordinator:**

Room reserved: \_\_\_\_\_ Date student notified: \_\_\_\_\_ Date announcement made: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROGRAM MANAGER/COORDINATOR USE  
Date Received: \_\_\_\_\_