



California Institute of Integral Studies

MA THESIS/PhD DISSERTATION APPROVAL

Use this form to request approval of the thesis/dissertation. Bring it to the oral defense. If the thesis/dissertation is approved, even provisionally, the committee members sign the form. If no changes are required, the Committee Chair also signs; if changes are required, the Chair signs after deeming the changes to have been suitably made.

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

_____ CIIS ID Number: _____
_____ E-mail Address: _____
_____ Phone: _____

Academic Division: M.A. Ph.D. Dept./Program: _____

Intended Semester of Graduation: Fall Spring Summer Year: _____

Committee Chair Use: Dissertation approved provided the following changes are made (if any):

Student Signature: _____ Date: _____

Committee Internal Member Name: _____

Signature: _____ Date: _____

Committee External Member Name: _____

Signature: _____ Date: _____

IF APPLICABLE - Committee Additional Member Name: _____

Signature: _____ Date: _____

Committee Chair Name: _____

Signature: _____ Date: _____

sign only if/when no further changes are required

Dept./Program Chair:

Name: _____

Signature: _____ Date: _____

SUBMIT TO REGISTRAR'S OFFICE AND A COPY TO CENTER FOR WRITING AND SCHOLARSHIP

REGISTRAR'S OFFICE/CENTER FOR WRITING AND SCHOLARSHIP USE		
Date	Date Approved for	Date Student Notified All
Received: _____	ProQuest/UMI Publication: _____	Approvals Have Been Obtained: _____