



California Institute of Integral Studies

MA THESIS/PhD DISSERTATION COMMITTEE MEMBER APPROVAL

Use this form to request approval for a person to serve on your thesis or dissertation committee. For assistance with collecting signatures, contact the program manager/coordinator.

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

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

Potential Member's Name: *(please print legibly)* _____

Potential Member's Relationship to CIIS: *(check one)* Core Faculty Member Adjunct Faculty Member External to CIIS

Thesis/Dissertation Topic: _____

I request the potential member be approved to fulfill the following role on my thesis/dissertation committee: *(check one)*

- Committee Chair** - Responsible for 1) guiding the candidate at all stages of the project including formulating the proposal, carrying out the research, and writing the thesis/dissertation; 2) supervising the student's progress; 3) ensuring that all committee members have reviewed the thesis/dissertation and that substantive objections are resolved prior to the defense; 4) ensuring that the thesis/dissertation meets academic standards; and 5) contacting the student at least once each semester, even if the student has not initiated contact.
- Committee Member** - Responsible for 1) maintaining the standards of quality; 2) verifying that the level of research is appropriate to the student's degree objective; 3) providing the "outside" point of view; and 4) sharing expertise that might not otherwise be available.

Student Signature: _____ Date: _____

Potential Member: I agree to fulfill the responsibilities as indicated above and I confirm that 1) I have a PhD or other relevant degree, or demonstrable qualifications that establish experience relevant to the student's thesis/dissertation topic; and 2) I am a faculty member with a regular academic appointment (assistant professor or higher) in another institution of higher education or a non-faculty member who is a recognized authority in the appropriate field(s).

If external to CIIS, fill in the section below:

Address: _____
 _____ E-mail Address: _____
 _____ Phone: _____
 _____ Date of Birth: _____

I have attached both: my curriculum vitae a W-9 form or, if I am a non-resident alien, a W-8BEN form

Signature: _____ Date: _____

Committee Chair: I approve the person listed above to serve on the student's thesis/dissertation committee.

Name: *(please print legibly)* _____

Signature: _____ Date: _____

Dept./Program Chair: I approve the person listed above to serve on the student's thesis/dissertation committee.

Name: *(please print legibly)* _____

Signature: _____ Date: _____

Provost: I approve the person listed above to serve on the student's thesis/dissertation committee.

Signature: _____ Date: _____

REGISTRAR'S OFFICE USE			
Date received from Dept./Program Chair: _____	Date sent to Provost: _____	Date received from Provost: _____	Date student, chair & committee notified: _____