



California Institute of Integral Studies

MA THESIS/PHD DISSERTATION PROPOSAL APPROVAL

Use this form to request approval of your thesis/dissertation proposal. Submit one copy to the Committee Chair and another to the Committee Member(s). Do *not* submit one to the Committee External Member.

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

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

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

Signature: _____ Date: _____

Committee Member: I approve the proposal.

Name: _____

Signature: _____ Date: _____

IF APPLICABLE - Additional Committee Member: I approve the proposal.

Name: _____

Signature: _____ Date: _____

IF APPLICABLE - Additional Committee Member: I approve the proposal.

Name: _____

Signature: _____ Date: _____

Committee Chair: I approve the proposal.

- The thesis/dissertation does not involve research with human participants.
- The thesis/dissertation involves research with human participants and the Human Research and Review Committee letter indicates the anticipated risk to be: *(attach letter and check one box below)*
 - low medium high

Name: _____

Signature: _____ Date: _____

Department/Program Chair: I approve the proposal.

Name: _____

Signature: _____ Date: _____

Provost: I approve the proposal.

Signature: _____ Date: _____

REGISTRAR'S OFFICE USE			
Date Received from	Date Sent	Date Received	Date Student
Dept/Program Chair: _____	to Provost: _____	from Provost: _____	and Chair Notified: _____