



# SCHOOL OF Integral Health

## DISSERTATION AUDIT FORM

### Ph.D. in Integral Health

#### INSTRUCTIONS

- Working with the dissertation sequence student, please complete this form as thoroughly as possible. Use the student's record on Populi to obtain specific information about status and progress.
- If you have questions about specific sections of this form, please contact both the Registrar, Hideki Baba, at [hideki\\_baba@cihs.edu](mailto:hideki_baba@cihs.edu) and the Dean of Academic Affairs, William Howe, at [William\\_howe@cihs.edu](mailto:William_howe@cihs.edu).

## SECTION I: COMPLETION OF CORE, AND ELECTIVE COURSE WORK

**To be filled out by the Office of the Registrar**

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

Email address: \_\_\_\_\_

Enrollment Degree: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Enrollment Quarter: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Last quarter of attendance: \_\_\_\_\_ Enrollment Status: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

### Change of Programs

Did the student change programs since the initial enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_

From: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Initial Program Start Quarter \_\_\_\_\_

To: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ New Program Start Quarter \_\_\_\_\_

## VERIFICATION OF CORE, AND ELECTIVE COURSES

The Program Director or Dean must verify the completion of required courses in the academic program prior to the student starting the Dissertation Sequence. Please refer to the Academic Plan and Transcript to complete the review.

|   | Completed<br>Yes/No | Number of Units Completed in<br>this category |
|---|---------------------|---|
| Core courses  |                     |   |
| Elective Courses                                      |                     |   |
| Transfer Courses/Units                                |                     |   |
| <b>Total Number of Units Completed in the Program</b> |                     |   |

If the student did not meet all the requirements, list the courses pending:

| If the student did not meet all the requirements, list the courses pending: | Units | When will CIHS offer the course?<br>Quarter and Year |
|---|-------|--|
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |

**Notes:**

I certify the review of Transcripts and Academic Plan for this student.

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

## SECTION II: DOCTORAL CANDIDACY EXAM

### To be filled out by the Program Director or Dean

**Doctoral Candidacy Exam:** Students who enrolled before 2021 can submit two papers under option 2 below; Students who enrolled in 2021 or thereafter have to complete 1 and 2.

1. Oral Examination

Members:

Name of Program Director or Dean: \_\_\_\_\_

Name of Faculty 1: \_\_\_\_\_

Name of Faculty 2: \_\_\_\_\_

#### ORAL EXAMINATION GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

2. Portfolio of Written Work:

Enrollment prior to 2021: Paper 1 \_\_\_ Paper 2 \_\_\_

Enrollment in 2021 and beyond: Paper 1 \_\_\_ Paper 2 \_\_\_ Paper 3 \_\_\_

Name of Reviewer 1: \_\_\_\_\_

Name of Reviewer 2: \_\_\_\_\_

#### PORTFOLIO OF WRITEN WORK GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

3. Waiver Reason: \_\_\_\_\_

\_\_\_\_\_

#### WAIVER APPROVAL BY THE PROGRAM DIRECTOR/DEAN

Waiver Approved: \_\_\_ Waiver Not Approved: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

#### ACADEMIC DEPARTMENT APPROVAL

I certify that I reviewed and approved the student's Doctoral Candidacy Exam.

Advancement to Candidacy Form Reviewed: Yes \_\_\_ No \_\_\_ Date sent to the Registrar's \_\_\_\_\_

Is the student authorized to register in 896? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Advancement to Candidacy Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION III: IH 896 DISSERTATION TOPIC RESEARCH**

**To be filled out by the Office of the Registrar**

| Course/Extension                                 | Quarter | Credit/No Credit | Approval Date: |
|--|---------|------------------|----------------|
| 896: Dissertation Topic Research                 |         |                  |                |
| 896-A: Dissertation Topic Research (Extension 1) |         |                  |                |
| 896-B: Dissertation Topic Research (Extension 2) |         |                  |                |
| 896-C: Dissertation Topic Research (Extension 3) |         |                  |                |

**Dissertation Committee Acceptance Form:**

Dissertation Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

Dissertation Committee Acceptance Form Reviewed: Yes\_\_\_\_ No\_\_\_\_

Date dissertation committee acceptance form sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student’s progress in 896.
- I certify that I reviewed the student’s academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in 897? Yes\_\_\_\_ No\_\_\_\_

Date the dissertation committee acceptance form was sent to the Office of the Registrar: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Committee Acceptance Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION IV: IH 897 DISSERTATION METHODOLOGY REVIEW****To be filled out by the Committee Chair**

| Course/Extension                                     | Quarter | Credit/No Credit | Approval Date: |
|--|---------|------------------|----------------|
| 897: Dissertation Methodology Review                 |         |                  |                |
| 897-A: Dissertation Methodology Review (Extension 1) |         |                  |                |
| 897-B: Dissertation Methodology Review (Extension 2) |         |                  |                |
| 897-C: Dissertation Methodology Review (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must complete a draft of Chapters 1, 2, and 3.

Chapter 1: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Chapter 2: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Chapter 3: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION PROPOSAL ACCEPTANCE FORM:**

Dissertation Committee Acceptance Form Reviewed: Yes \_\_\_\_ No \_\_\_\_

Date sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in 897.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in 898A? Yes \_\_\_\_ No \_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Proposal Acceptance Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION V: IH 898A DISSERTATION I****To be filled out by the Committee Chair**

| Course/Extension                    | Quarter | Credit/No Credit | Approval Date: |
|-------------------------------------|---------|------------------|----------------|
| 898: Dissertation I                 |         |                  |                |
| 898-A: Dissertation I (Extension 1) |         |                  |                |
| 898-B: Dissertation I (Extension 2) |         |                  |                |
| 898-C: Dissertation I (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must implement the project data collection.

Chapter 4: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in 898A.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in 898B? Yes\_\_\_\_ No\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION VI: IH 898B Dissertation II****To be filled out by the Committee Chair**

| Course/Extension                      | Quarter | Credit/No Credit | Approval Date: |
|---------------------------------------|---------|------------------|----------------|
| 898B: Dissertation II                 |         |                  |                |
| 898B-A: Dissertation II (Extension 1) |         |                  |                |
| 898B-B: Dissertation II (Extension 2) |         |                  |                |
| 898B-C: Dissertation II (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

This course involves the completion of the entire dissertation and the oral defense.

Chapter 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE PREPARATION**

Chapters 1 to 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Verification of Committee Members

Did the student request changes to the Committee? Yes: \_\_\_\_ No: \_\_\_\_

If yes, how many times? \_\_\_\_\_ Date of last change: \_\_\_\_\_

**Final Dissertation Committee:**

Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

Oral Defense Presentation

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**TO BE USED BY THE CHAIR, PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_\_ No Pass: \_\_\_\_ Not applicable \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE FORM:**

Dissertation Acceptance Form Reviewed: Yes \_\_\_\_ No \_\_\_\_

Reviewed by: \_\_\_\_\_ Date sent to the Office of the Registrar: \_\_\_\_\_



**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's completion of the dissertation process at CIHS.
- I certify that I reviewed the student's academic program and that he/she/they completed the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register graduate? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Acceptance Form:

Completed: Yes \_\_\_ No \_\_\_ Uploaded to Populi: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_\_\_



## SCHOOL OF Integral Noetic Sciences

### DISSERTATION AUDIT FORM

#### Ph.D. in Integral Noetic Sciences/Comparative Religion and Philosophy

##### INSTRUCTIONS

- Working with the dissertation sequence student, please complete this form as thoroughly as possible. Use the student's record on Populi to obtain specific information about status and progress.
- If you have questions about specific sections of this form, please contact both the Registrar, Hideki Baba, at [hideki\\_baba@cihs.edu](mailto:hideki_baba@cihs.edu) and the Dean of Academic Affairs, William Howe, at [William\\_howe@cihs.edu](mailto:William_howe@cihs.edu).

## SECTION I: COMPLETION OF CORE, AND ELECTIVE COURSE WORK

**To be filled out by the Office of the Registrar**

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

Email address: \_\_\_\_\_

Enrollment Degree: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Enrollment Quarter: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Last quarter of attendance: \_\_\_\_\_ Enrollment Status: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

### Change of Programs

Did the student change programs since the initial enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_

From: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Initial Program Start Quarter \_\_\_\_\_

To: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ New Program Start Quarter \_\_\_\_\_

## VERIFICATION OF CORE, AND ELECTIVE COURSES

The Program Director or Dean must verify the completion of required courses in the academic program prior to the student starting the Dissertation Sequence. Please refer to the Academic Plan and Transcript to complete the review.

|   | Completed<br>Yes/No | Number of Units Completed in<br>this category |
|---|---------------------|---|
| Core courses  |                     |   |
| Elective Courses                                      |                     |   |
| Transfer Courses/Units                                |                     |   |
| <b>Total Number of Units Completed in the Program</b> |                     |   |

If the student did not meet all the requirements, list the courses pending:

| If the student did not meet all the requirements, list the courses pending: | Units | When will CIHS offer the course?<br>Quarter and Year |
|---|-------|--|
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |

**Notes:**

I certify the review of Transcripts and Academic Plan for this student.

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION II: DOCTORAL CANDIDACY EXAM**

**To be filled out by the Program Director or Dean**

**Doctoral Candidacy Exam:** Students who enrolled before 2021 can submit two papers under option 2 below; Students who enrolled in 2021 or thereafter have to complete 1 and 2.

1. Oral Examination

Members:

Name of Program Director or Dean: \_\_\_\_\_

Name of Faculty 1: \_\_\_\_\_

Name of Faculty 2: \_\_\_\_\_

**ORAL EXAMINATION GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

2. Portfolio of Written Work:

Enrollment prior to 2021: Paper 1 \_\_\_ Paper 2 \_\_\_

Enrollment in 2021 and beyond: Paper 1 \_\_\_ Paper 2 \_\_\_ Paper 3 \_\_\_

Name of Reviewer 1: \_\_\_\_\_

Name of Reviewer 2: \_\_\_\_\_

**PORTFOLIO OF WRITEN WORK GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

3. Waiver Reason: \_\_\_\_\_

\_\_\_\_\_

**WAIVER APPROVAL BY THE PROGRAM DIRECTOR/DEAN**

Waiver Approved: \_\_\_ Waiver Not Approved: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

I certify that I reviewed and approved the student's Doctoral Candidacy Exam.

Advancement to Candidacy Form Reviewed: Yes \_\_\_ No \_\_\_ Date sent to the Registrar's \_\_\_\_\_

Is the student authorized to register in 896? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Advancement to Candidacy Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION III: INS 896 DISSERTATION TOPIC RESEARCH****To be filled out by the Office of the Registrar**

| Course/Extension                                    | Quarter | Credit/No Credit | Approval Date: |
|---|---------|------------------|----------------|
| 896: Dissertation Topic Research                    |         |                  |                |
| 896-A: Dissertation Topic Research<br>(Extension 1) |         |                  |                |
| 896-B: Dissertation Topic Research<br>(Extension 2) |         |                  |                |
| 896-C: Dissertation Topic Research<br>(Extension 3) |         |                  |                |

**Dissertation Committee Acceptance Form:**

Dissertation Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

Dissertation Committee Acceptance Form Reviewed: Yes\_\_\_\_ No\_\_\_\_

Date dissertation committee acceptance form sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in 896.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in 897? Yes\_\_\_\_ No\_\_\_\_

Date the dissertation committee acceptance form was sent to the Office of the Registrar: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Committee Acceptance Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION IV: INS 897 DISSERTATION METHODOLOGY REVIEW**

**To be filled out by the Committee Chair**

| Course/Extension                                     | Quarter | Credit/No Credit | Approval Date: |
|--|---------|------------------|----------------|
| 897: Dissertation Methodology Review                 |         |                  |                |
| 897-A: Dissertation Methodology Review (Extension 1) |         |                  |                |
| 897-B: Dissertation Methodology Review (Extension 2) |         |                  |                |
| 897-C: Dissertation Methodology Review (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must complete a draft of Chapters 1, 2, and 3.

Chapter 1: Accepted \_\_\_ Not Accepted \_\_\_ In Progress \_\_\_ Date: \_\_\_\_\_

Chapter 2: Accepted \_\_\_ Not Accepted \_\_\_ In Progress \_\_\_ Date: \_\_\_\_\_

Chapter 3: Accepted \_\_\_ Not Accepted \_\_\_ In Progress \_\_\_ Date: \_\_\_\_\_

**DISSERTATION PROPOSAL ACCEPTANCE FORM:**

Dissertation Committee Acceptance Form Reviewed: Yes \_\_\_ No \_\_\_

Date sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student’s progress in 897.
- I certify that I reviewed the student’s academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in 898A? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Proposal Acceptance Form:

Completed: Yes \_\_\_ No \_\_\_ Uploaded to Populi: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_\_\_

**SECTION V: INS 898A DISSERTATION I****To be filled out by the Committee Chair**

| Course/Extension                    | Quarter | Credit/No Credit | Approval Date: |
|-------------------------------------|---------|------------------|----------------|
| 898: Dissertation I                 |         |                  |                |
| 898-A: Dissertation I (Extension 1) |         |                  |                |
| 898-B: Dissertation I (Extension 2) |         |                  |                |
| 898-C: Dissertation I (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must implement the project data collection.

Chapter 4: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in 898A.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in 898B? Yes \_\_\_\_ No \_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_



**SECTION VI: INS 898B Dissertation II****To be filled out by the Committee Chair**

| Course/Extension                      | Quarter | Credit/No Credit | Approval Date: |
|---------------------------------------|---------|------------------|----------------|
| 898B: Dissertation II                 |         |                  |                |
| 898B-A: Dissertation II (Extension 1) |         |                  |                |
| 898B-B: Dissertation II (Extension 2) |         |                  |                |
| 898B-C: Dissertation II (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

This course involves the completion of the entire dissertation and the oral defense.

Chapter 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE PREPARATION**

Chapters 1 to 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Verification of Committee Members

Did the student request changes to the Committee? Yes: \_\_\_\_ No: \_\_\_\_

If yes, how many times? \_\_\_\_\_ Date of last change: \_\_\_\_\_

**Final Dissertation Committee:**

Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

Oral Defense Presentation

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**TO BE USED BY THE CHAIR, PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_\_ No Pass: \_\_\_\_ Not applicable \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE FORM:**

Dissertation Acceptance Form Reviewed: Yes \_\_\_\_ No \_\_\_\_

Reviewed by: \_\_\_\_\_ Date sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's completion of the dissertation process at CIHS.
- I certify that I reviewed the student's academic program and that he/she/they completed the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register graduate? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Acceptance Form:

Completed: Yes \_\_\_ No \_\_\_ Uploaded to Populi: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_\_\_



**SCHOOL OF  
PSYCHOLOGY**

## **DISSERTATION AUDIT FORM**

### **Ph.D. in Psychology – Concentration in Clinical Licensure**

#### **INSTRUCTIONS**

- Working with the dissertation sequence student, please complete this form as thoroughly as possible. Use the student's record on Populi to obtain specific information about status and progress.
- If you have questions about specific sections of this form, please contact both the Registrar, Hideki Baba, at [hideki\\_baba@cihs.edu](mailto:hideki_baba@cihs.edu) and the Dean of Academic Affairs, William Howe, at [William\\_howe@cihs.edu](mailto:William_howe@cihs.edu).

**SECTION I: COMPLETION OF CORE, LICENSURE, AND ELECTIVE COURSE WORK**

**To be filled out by the Office of the Registrar**

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

Email address: \_\_\_\_\_

Enrollment Degree: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Enrollment Quarter: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Last quarter of attendance: \_\_\_\_\_ Enrollment Status: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

**Change of Programs**

Did the student change programs since the initial enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_

From: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Initial Program Start Quarter \_\_\_\_\_

To: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ New Program Start Quarter \_\_\_\_\_

**VERIFICATION OF CORE, LICENSURE, AND ELECTIVE COURSES**

| The Program Director or Dean must verify the completion of required courses in the academic program prior to the student starting the Dissertation Sequence. Please refer to the Academic Plan and Transcript to complete the review. | Completed Yes/No | Number of Units Completed in this category |
|---|------------------|--|
| Core courses  |                  |  |
| Licensure Requirements  |                  |  |
| Elective Courses  |                  |  |
| Transfer Courses/Units  |                  |  |
| Total Number of Units Completed in the Program  |                  |  |

If the student did not meet all the requirements, list the courses pending:

| If the student did not meet all the requirements, list the courses pending: | Units | When will CIHS offer the course? Quarter and Year |
|---|-------|---|
|   | 4     |   |
|   | 4     |   |
|   | 4     |   |
|   | 4     |   |
|   | 4     |   |

**Notes:**

I certify the review of Transcripts and Academic Plan for this student.

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

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

**SECTION II: DOCTORAL CANDIDACY EXAM**

**To be filled out by the Program Director or Dean**

**Doctoral Candidacy Exam:** Students who enrolled before 2021 can submit two papers under option 2 below; Students who enrolled in 2021 or thereafter have to complete 1 and 2.

1. Oral Examination

Members:

Name of Program Director or Dean: \_\_\_\_\_

Name of Faculty 1: \_\_\_\_\_

Name of Faculty 2: \_\_\_\_\_

**ORAL EXAMINATION GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

2. Portfolio of Written Work:

Enrollment prior to 2021: Paper 1 \_\_\_ Paper 2 \_\_\_

Enrollment in 2021 and beyond: Paper 1 \_\_\_ Paper 2 \_\_\_ Paper 3 \_\_\_

Name of Reviewer 1: \_\_\_\_\_

Name of Reviewer 2: \_\_\_\_\_

**PORTFOLIO OF WRITEN WORK GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

3. Waiver Reason: \_\_\_\_\_  
\_\_\_\_\_

**WAIVER APPROVAL BY THE PROGRAM DIRECTOR/DEAN**

Waiver Approved: \_\_\_ Waiver Not Approved: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

I certify that I reviewed and approved the student's Doctoral Candidacy Exam.

Advancement to Candidacy Form Reviewed: Yes \_\_\_ No \_\_\_ Date sent to the Registrar's \_\_\_\_\_

Is the student authorized to register in PSY 896? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Advancement to Candidacy Form:

Completed: Yes \_\_\_ No \_\_\_ Uploaded to Populi: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_\_\_

**SECTION III: PSY 896 DISSERTATION TOPIC RESEARCH**

**To be filled out by the Office of the Registrar**

| Course/Extension                                     | Quarter | Credit/No Credit | Approval Date: |
|--|---------|------------------|----------------|
| PSY 896: Dissertation Topic Research                 |         |                  |                |
| PSY 896-A: Dissertation Topic Research (Extension 1) |         |                  |                |
| PSY 896-B: Dissertation Topic Research (Extension 2) |         |                  |                |
| PSY 896-C: Dissertation Topic Research (Extension 3) |         |                  |                |

**Dissertation Committee Acceptance Form:**

Dissertation Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

Dissertation Committee Acceptance Form Reviewed: Yes\_\_\_\_ No\_\_\_\_

Date dissertation committee acceptance form sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in PSY 896.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in PSY 897? Yes\_\_\_\_ No\_\_\_\_

Date the dissertation committee acceptance form was sent to the Office of the Registrar: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Committee Acceptance Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION IV: PSY 897 DISSERTATION METHODOLOGY REVIEW**

**To be filled out by the Committee Chair**

| Course/Extension   | Quarter | Credit/No Credit | Approval Date: |
|--|---------|------------------|----------------|
| PSY 897: Dissertation Methodology Review                 |         |                  |                |
| PSY 897-A: Dissertation Methodology Review (Extension 1) |         |                  |                |
| PSY 897-B: Dissertation Methodology Review (Extension 2) |         |                  |                |
| PSY 897-C: Dissertation Methodology Review (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must complete a draft of Chapters 1, 2, and 3.

Chapter 1: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Chapter 2: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Chapter 3: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION PROPOSAL ACCEPTANCE FORM:**

Dissertation Committee Acceptance Form Reviewed: Yes \_\_\_\_ No \_\_\_\_

Date sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in PSY 897.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in PSY 898A? Yes \_\_\_\_ No \_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Proposal Acceptance Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION V: PSY 898A DISSERTATION I****To be filled out by the Committee Chair**

| Course/Extension                        | Quarter | Credit/No Credit | Approval Date: |
|---|---------|------------------|----------------|
| PSY 898: Dissertation I                 |         |                  |                |
| PSY 898-A: Dissertation I (Extension 1) |         |                  |                |
| PSY 898-B: Dissertation I (Extension 2) |         |                  |                |
| PSY 898-C: Dissertation I (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must implement the project data collection.

Chapter 4: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**It would be helpful to create a form signifies completion of Dissertation I**

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in PSY 898A.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in PSY 898B? Yes \_\_\_\_ No \_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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



**SECTION VI: PSY 898B Dissertation II****To be filled out by the Committee Chair**

| Course/Extension                          | Quarter | Credit/No Credit | Approval Date: |
|---|---------|------------------|----------------|
| PSY 898B: Dissertation II                 |         |                  |                |
| PSY 898B-A: Dissertation II (Extension 1) |         |                  |                |
| PSY 898B-B: Dissertation II (Extension 2) |         |                  |                |
| PSY 898B-C: Dissertation II (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

This course involves the completion of the entire dissertation and the oral defense.

Chapter 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE PREPARATION**

Chapters 1 to 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Verification of Committee Members

Did the student request changes to the Committee? Yes: \_\_\_\_ No: \_\_\_\_

If yes, how many times? \_\_\_\_\_ Date of last change: \_\_\_\_\_

**Final Dissertation Committee:**

Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

Oral Defense Presentation

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**TO BE USED BY THE CHAIR, PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_\_ No Pass: \_\_\_\_ Not applicable \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE FORM:**

Dissertation Acceptance Form Reviewed: Yes \_\_\_\_ No \_\_\_\_

Reviewed by: \_\_\_\_\_ Date sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's completion of the dissertation process at CIHS.
- I certify that I reviewed the student's academic program and that he/she/they completed the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register graduate? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Acceptance Form:

Completed: Yes \_\_\_ No \_\_\_ Uploaded to Populi: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_\_\_



**SCHOOL OF  
PSYCHOLOGY**

## **DISSERTATION AUDIT FORM**

### **Ph.D. in Psychology – Concentration in Integral Psychology**

#### **INSTRUCTIONS**

- Working with the dissertation sequence student, please complete this form as thoroughly as possible. Use the student's record on Populi to obtain specific information about status and progress.
- If you have questions about specific sections of this form, please contact both the Registrar, Hideki Baba, at [hideki\\_baba@cihs.edu](mailto:hideki_baba@cihs.edu) and the Dean of Academic Affairs, William Howe, at [William\\_howe@cihs.edu](mailto:William_howe@cihs.edu).

## SECTION I: COMPLETION OF CORE AND ELECTIVE COURSE WORK

**To be filled out by the Office of the Registrar**

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

Email address: \_\_\_\_\_

Enrollment Degree: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Enrollment Quarter: \_\_\_\_\_ Catalog Year: \_\_\_\_\_

Last quarter of attendance: \_\_\_\_\_ Enrollment Status: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

### Change of Programs

Did the student change programs since the initial enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_

From: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ Initial Program Start Quarter \_\_\_\_\_

To: BA\_\_\_ MA\_\_\_ PhD\_\_\_ Major: \_\_\_\_\_ New Program Start Quarter \_\_\_\_\_

### VERIFICATION OF CORE AND ELECTIVE COURSES

The Program Director or Dean must verify the completion of required courses in the academic program prior to the student starting the Dissertation Sequence. Please refer to the Academic Plan and Transcript to complete the review.

|   | Completed<br>Yes/No | Number of Units Completed in<br>this category |
|---|---------------------|---|
| Core courses  |                     |   |
| Licensure Requirements                                |                     |   |
| Elective Courses                                      |                     |   |
| Transfer Courses/Units                                |                     |   |
| <b>Total Number of Units Completed in the Program</b> |                     |   |

If the student did not meet all the requirements, list the courses pending:

| If the student did not meet all the requirements, list the courses pending: | Units | When will CIHS offer the course?<br>Quarter and Year |
|---|-------|--|
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |
|   | 4     |  |

**Notes:**

I certify the review of Transcripts and Academic Plan for this student.

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

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

**SECTION II: DOCTORAL CANDIDACY EXAM**

**To be filled out by the Program Director or Dean**

**Doctoral Candidacy Exam:** Students who enrolled before 2021 can submit two papers under option 2 below; Students who enrolled in 2021 or thereafter have to complete 1 and 2.

1. Oral Examination

Members:

Name of Program Director or Dean: \_\_\_\_\_

Name of Faculty 1: \_\_\_\_\_

Name of Faculty 2: \_\_\_\_\_

**ORAL EXAMINATION GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

2. Portfolio of Written Work:

Enrollment prior to 2021: Paper 1 \_\_\_ Paper 2 \_\_\_

Enrollment in 2021 and beyond: Paper 1 \_\_\_ Paper 2 \_\_\_ Paper 3 \_\_\_

Name of Reviewer 1: \_\_\_\_\_

Name of Reviewer 2: \_\_\_\_\_

**PORTFOLIO OF WRITEN WORK GRADE AWARDED BY THE PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_ No Pass: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

3. Waiver Reason: \_\_\_\_\_  
\_\_\_\_\_

**WAIVER APPROVAL BY THE PROGRAM DIRECTOR/DEAN**

Waiver Approved: \_\_\_ Waiver Not Approved: \_\_\_ Not applicable \_\_\_ Date: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

I certify that I reviewed and approved the student's Doctoral Candidacy Exam.

Advancement to Candidacy Form Reviewed: Yes \_\_\_ No \_\_\_ Date sent to the Registrar's \_\_\_\_\_

Is the student authorized to register in PSY 896? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Advancement to Candidacy Form:

Completed: Yes \_\_\_ No \_\_\_ Uploaded to Populi: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_\_\_

**SECTION III: PSY 896 DISSERTATION TOPIC RESEARCH****To be filled out by the Office of the Registrar**

| Course/Extension                                     | Quarter | Credit/No Credit | Approval Date: |
|--|---------|------------------|----------------|
| PSY 896: Dissertation Topic Research                 |         |                  |                |
| PSY 896-A: Dissertation Topic Research (Extension 1) |         |                  |                |
| PSY 896-B: Dissertation Topic Research (Extension 2) |         |                  |                |
| PSY 896-C: Dissertation Topic Research (Extension 3) |         |                  |                |

**Dissertation Committee Acceptance Form:**

Dissertation Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

**Date of Approval:** \_\_\_\_\_

Dissertation Committee Acceptance Form Reviewed: Yes\_\_\_\_ No\_\_\_\_

Date dissertation committee acceptance form sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in PSY 896.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in PSY 897? Yes\_\_\_\_ No\_\_\_\_

Date the dissertation committee acceptance form was sent to the Office of the Registrar: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Committee Acceptance Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION IV: PSY 897 DISSERTATION METHODOLOGY REVIEW**

**To be filled out by the Committee Chair**

| Course/Extension   | Quarter | Credit/No Credit | Approval Date: |
|--|---------|------------------|----------------|
| PSY 897: Dissertation Methodology Review                 |         |                  |                |
| PSY 897-A: Dissertation Methodology Review (Extension 1) |         |                  |                |
| PSY 897-B: Dissertation Methodology Review (Extension 2) |         |                  |                |
| PSY 897-C: Dissertation Methodology Review (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must complete a draft of Chapters 1, 2, and 3.

Chapter 1: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Chapter 2: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Chapter 3: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION PROPOSAL ACCEPTANCE FORM:**

Dissertation Committee Acceptance Form Reviewed: Yes \_\_\_\_ No \_\_\_\_

Date sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in PSY 897.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in PSY 898A? Yes \_\_\_\_ No \_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Proposal Acceptance Form:

Completed: Yes \_\_\_\_ No \_\_\_\_ Uploaded to Populi: Yes \_\_\_\_ No \_\_\_\_ Verified by: \_\_\_\_\_

**SECTION V: PSY 898A DISSERTATION I****To be filled out by the Committee Chair**

| Course/Extension                        | Quarter | Credit/No Credit | Approval Date: |
|---|---------|------------------|----------------|
| PSY 898: Dissertation I                 |         |                  |                |
| PSY 898-A: Dissertation I (Extension 1) |         |                  |                |
| PSY 898-B: Dissertation I (Extension 2) |         |                  |                |
| PSY 898-C: Dissertation I (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

Students must implement the project data collection.

Chapter 4: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**It would be helpful to create a form signifies completion of Dissertation I**

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's progress in PSY 898A.
- I certify that I reviewed the student's academic program and that he/she/they are on track to complete the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register in PSY 898B? Yes \_\_\_\_ No \_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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



**SECTION VI: PSY 898B Dissertation II****To be filled out by the Committee Chair**

| Course/Extension                          | Quarter | Credit/No Credit | Approval Date: |
|---|---------|------------------|----------------|
| PSY 898B: Dissertation II                 |         |                  |                |
| PSY 898B-A: Dissertation II (Extension 1) |         |                  |                |
| PSY 898B-B: Dissertation II (Extension 2) |         |                  |                |
| PSY 898B-C: Dissertation II (Extension 3) |         |                  |                |

**DISSERTATION CHAPTERS:**

This course involves the completion of the entire dissertation and the oral defense.

Chapter 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE PREPARATION**

Chapters 1 to 5: Accepted \_\_\_\_ Not Accepted \_\_\_\_ In Progress \_\_\_\_ Date: \_\_\_\_\_

Verification of Committee Members

Did the student request changes to the Committee? Yes: \_\_\_\_ No: \_\_\_\_

If yes, how many times? \_\_\_\_\_ Date of last change: \_\_\_\_\_

**Final Dissertation Committee:**

Chair: \_\_\_\_\_

Committee Member 1: \_\_\_\_\_

Committee Member 2: \_\_\_\_\_

Oral Defense Presentation

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**TO BE USED BY THE CHAIR, PROGRAM DIRECTOR/DEAN**

Pass: \_\_\_\_ No Pass: \_\_\_\_ Not applicable \_\_\_\_ Date: \_\_\_\_\_

**DISSERTATION ACCEPTANCE FORM:**

Dissertation Acceptance Form Reviewed: Yes \_\_\_\_ No \_\_\_\_

Reviewed by: \_\_\_\_\_ Date sent to the Office of the Registrar: \_\_\_\_\_

**ACADEMIC DEPARTMENT APPROVAL**

- I certify that I reviewed and approved the student's completion of the dissertation process at CIHS.
- I certify that I reviewed the student's academic program and that he/she/they completed the PhD within the maximum timeframe for completion (4 years for full-time, and 8 years for part-time)

Is the student authorized to register graduate? Yes \_\_\_ No \_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**TO BE USED BY THE OFFICE OF THE REGISTRAR**

Dissertation Acceptance Form:

Completed: Yes \_\_\_ No \_\_\_ Uploaded to Populi: Yes \_\_\_ No \_\_\_ Verified by: \_\_\_\_\_