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 and the Dean of Academic Affairs, William Howe, at 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

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<thead>
<tr>
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<th>Number of Units Completed in this category</th>
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If the student did not meet all the requirements, list the courses pending:

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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: ________________________________________________

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: ______________________________________________

3. Waiver Reason: _____________________________________________________________________
   __________________________________________________________________________________

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

<table>
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</table>

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

<table>
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### 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

<table>
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</tbody>
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### 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: _________________________
### DISSEMINATION CHAPTERS:

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

- **Chapter 5:** Accepted ____ Not Accepted _____ In Progress ____ Date: ______________

### DISSEMINATION 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: __________

### DISSEMINATION 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: __________________________
DISSEMINATION 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 and the Dean of Academic Affairs, William Howe, at 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.

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

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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: ____________________________

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: ____________________________

3. Waiver Reason: _____________________________________________________________________
   __________________________________________________________________________

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

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**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

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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

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### 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: ___________________________
### DISSEPTION 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: __________________________
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 and the Dean of Academic Affairs, William Howe, at 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.

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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 WRITTEN 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

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**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

<table>
<thead>
<tr>
<th>Course/Extension</th>
<th>Quarter</th>
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<tbody>
<tr>
<td>PSY 897: Dissertation Methodology Review</td>
<td></td>
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<tr>
<td>PSY 897-A: Dissertation Methodology Review (Extension 1)</td>
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<tr>
<td>PSY 897-C: Dissertation Methodology Review (Extension 3)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Course/Extension</th>
<th>Quarter</th>
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<tbody>
<tr>
<td>PSY 898: Dissertation I</td>
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<tr>
<td>PSY 898-A: Dissertation I (Extension 1)</td>
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<tr>
<td>PSY 898-B: Dissertation I (Extension 2)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>PSY 898-C: Dissertation I (Extension 3)</td>
<td></td>
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</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Course/Extension</th>
<th>Quarter</th>
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<tr>
<td>PSY 898B: Dissertation II</td>
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<td>PSY 898B-B: Dissertation II (Extension 2)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PSY 898B-C: Dissertation II (Extension 3)</td>
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</tbody>
</table>

### 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: ____________________________
DISSE rtATION 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 and the Dean of Academic Affairs, William Howe, at 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.

<table>
<thead>
<tr>
<th>Core courses</th>
<th>Completed Yes/No</th>
<th>Number of Units Completed in this category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure Requirements</td>
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<td></td>
</tr>
<tr>
<td>Elective Courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer Courses/Units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Units Completed in the Program</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Units</th>
<th>When will CIHS offer the course? Quarter and Year</th>
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<td>4</td>
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<td>4</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________

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: ________________________________

3. Waiver Reason: _____________________________________________________________________
   __________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Course/Extension</th>
<th>Quarter</th>
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<tr>
<td>PSY 896: Dissertation Topic Research</td>
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<tr>
<td>PSY 896-A: Dissertation Topic Research</td>
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<tr>
<td>(Extension 1)</td>
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<tr>
<td>PSY 896-B: Dissertation Topic Research</td>
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<tr>
<td>(Extension 2)</td>
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<tr>
<td>PSY 896-C: Dissertation Topic Research</td>
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<tr>
<td>(Extension 3)</td>
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</table>

**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

<table>
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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

<table>
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**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

<table>
<thead>
<tr>
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### 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: __________________________