

## PART 5: FORMS

This section contains the forms students and faculty use in the phases of dissertation writing. In many cases, students will send forms directly to their committee members. (The Procedure box on each form describes the process for that form.) Speak with your committee to determine the best way to submit forms to them; individual preferences vary.

When you are submitting a form to the dissertation office, you may use mail, fax, or electronic mail. Regardless which method you choose, we strongly encourage you to keep evidence of when you sent a form.

To send a form via regular mail (USPS), address it to:

Dissertation Office  
Pacifica Graduate Institute  
249 Lambert Road  
Carpinteria, CA 93013

To send a form via fax, call the fax line for the dissertation office at (805) 565-9896

To email a form, print and fill it out, scan the form, and send the electronic file as an attachment to the body of the email.

**Ethics Committee**  
**Application for Approval for the Non-Use of Human Participants**

I. Please fill out. Write "n/ a" if question is not applicable.

Researcher: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

II. Affix appropriate signatures

I have read the contents of the application for approval for the use of human participants. As I am not using human participants or any unpublished clinical material (such as clinical vignettes, case notes, video or audio tapes) for any phase of my research, I am requesting an exemption from completing the application for approval for the use of human participants.

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

I have read and approved the enclosed protocol, and I believe that the investigator does not need to submit an application for the use of human participants and is competent to conduct the activity they described in the enclosed summary.

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

III. Notice of Approval

The signature of the representative of the Ethics Committee, when affixed below, indicates that the activity identified in the enclosed summary has been approved with the conditions and restrictions noted here.

Restrictions and Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethics Committee Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Ethics Committee**  
**Application for Approval for the Use of Human Participants**

I. Please fill out. Write "n/ a" if question is not applicable.

Researcher: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

II. Affix appropriate signatures

I will conduct the study identified in the attached application. If I decide to make any changes in the procedures, or if a participant is injured, or if any problems arise which involve risk or the possibility of risk to the participants or others, including any adverse reaction to the study, I will immediately report such occurrences or contemplated changes to the Ethics Committee.

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

I have read and approve this protocol, and I believe that the investigator is competent to conduct the activity as described in this application.

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

IV. Notice of Approval

The signature of the representative of the Ethics Committee, when affixed below, indicates that the activity identified above and described in the attached pages has been approved with the conditions and restrictions noted here.

Restrictions and Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethics Committee Representative \_\_\_\_\_ Date \_\_\_\_\_

**Ethics Committee Application (continued)**

1. **PARTICIPANTS:** Describe the participant population and how it will be obtained. Who will participate and how will you find/ select them?
  
2. **PROCEDURES:** From the participant's point of view, describe how you will involve them in your study. How will you conduct your study?
  
3. **CONSENT:** Describe procedures for how and when you will receive informed consent from your participants. Enclose in this application a copy of the informed consent form you will use. (Consult the guideline sheet for developing a consent form.)
  
4. **RISKS:** Describe and assess any potential risks and the likelihood and seriousness of such risks. How might participants be harmed during or after their participation in the study?
  
5. **SAFEGUARDS:** Describe procedures for protecting and/ or minimizing the potential risks (including breaches in confidentiality) and assess their likely effectiveness. Given the risks, how will you prevent them from occurring?
  
6. **BENEFITS:** Describe the benefits to be gained by the individual participants and/ or society as a result of the study you have planned. What good will come of this research?

### **Ethics Committee Application (continued)**

7. **POST EXPERIMENT INTERVIEW:** Describe the contents of your conversation with people in the study after their participation is completed. How will you inform them of the study's purpose?

8. **ATTACHMENTS:** Include in this application all of the following supplemental information: 1. Informed consent from 2. Verbatim instructions to the participants regarding their participation 3. All research instruments to be used in carrying out this study 4. Other documentation pertaining to the study which will be shown to participants.

### **INFORMED CONSENT GUIDELINES**

The following is a checklist for the information that should be included in the informed consent form that each person in your study needs to complete before participating in your research project.

1. Investigator's name, phone number and times he or she can be reached.
2. A brief description of the nature and purpose of the project.
3. A statement regarding the confidentiality of records.
4. An explanation of the procedures to be followed.
5. A description of any discomforts or risks to be expected.
6. An explanation of the benefits to be gained.
7. An offer to answer any questions regarding the procedures.
8. An instruction that participation is voluntary and that consent to participate may be withdrawn at any time.
9. A signature space where the participants (or their legal guardians) sign their name that they have read and understood this information.

Note: Participants must be given the opportunity to consent or not to consent without the intervention of any element of force, fraud, trickery, duress, coercion or undue influence on the participant's decision.

**Ethics Committee Application Example 1**  
**Sample Informed Consent Form (template) for an Experimental Study**

PROJECT TITLE:

1. I understand that this study is of a research nature. It may offer no direct benefit to me.
2. Participation in this study is voluntary. I may refuse to enter it or may withdraw from it at any time without creating any harmful consequences to myself. I understand also that the investigator may drop me at any time from the study.
3. The purpose of doing this study is:
4. As a participant in this study I will be asked to take part in the following procedures:

Participation in the study will take \_\_\_\_\_ of my time and will take place in \_\_\_\_\_.

5. The risks, discomforts and inconvenience of the above procedure might be:

6. The possible benefits of the procedure might be:

(a) Direct benefits to me:

(b) Benefits to others:

7. The information about this study was discussed with me by \_\_\_\_\_. If I have further questions, I can call her/ him at \_\_\_\_\_.

8. My compensation for being in this study is \$\_\_\_\_\_. If I do not finish the procedures, I will receive a minimum of \$\_\_\_\_\_.

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

**Ethics Committee Application Example 2**  
**Sample Informed Consent form (template) for an Interview Project**

TITLE OF THE STUDY:

1. I agree to have \_\_\_\_ (investigator) \_\_\_\_\_ask me a series of questions about\_\_\_\_\_.
  
2. These questions will be asked in \_\_\_\_ (location) \_\_\_\_\_and will take about \_\_\_\_\_ minutes.
  
3. The purpose of asking these questions is to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. I understand that some (none) of the questions might (will) be embarrassing or annoying to me. The researcher has explained that my name will (not) be recorded on the questionnaire and that my answers will be used only by the investigator (any others?) in the analysis of the data.
  
5. I understand that this research may result in \_\_\_\_\_ (benefit) \_\_\_\_\_ which will (not) be of immediate value to me personally.
  
6. Information about this study and the place of my interview in it has been given to me by \_\_\_\_\_. I can reach him/ her any time I have questions by calling \_\_\_\_\_.
  
7. I understand that I can refuse to answer any question and can with draw from this study without jeopardizing my standing in (care by, or...)
  
8. I am (not) receiving any compensation for participating in this study.

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

## Concept Paper Approval Form

(Please print)

Student's Name: \_\_\_\_\_ Program/ Track \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

Are you submitting this concept paper to fulfill a course requirement? \_\_\_\_\_

If so, write name and number of course:

Course name: \_\_\_\_\_ Course Number: \_\_\_\_\_

If you are not submitting this concept paper to fulfill a course requirement you will need to take a tutorial. Please attach a Tutorial Request and contract form.

Submitted to: \_\_\_\_\_  
(*enter name of research faculty member*)

\_\_\_\_\_  
*Research faculty signature*

\_\_\_\_\_  
*Date*

### PROCEDURE

STUDENT: Complete and submit this form with the final draft version of your paper to the research faculty reviewing your work.

FACULTY: Sign and submit this form directly to the dissertation office. (Submit any grade change form to the registrar's office)

DISSERTATION OFFICE: Processes approval and notifies student in writing.

# Pacifica Graduate Institute Dissertation Registration Form

(Please print)

Eligibility Requirements: To register for dissertation writing, you must have an approved concept paper, be in good financial and academic standing, and have a minimum 3.0 grade point average with no failing grades on your transcript. Students in the clinical program must have successfully passed the comprehensive exams.

Name: \_\_\_\_\_ Program: \_\_\_\_\_

**I want to begin my two-year dissertation registration on:**

- October 1, 20\_\_\_\_
- January 1, 20\_\_\_\_
- April 1, 20\_\_\_\_
- July 1, 20\_\_\_\_

**I want to register for an additional year of dissertation writing on:**

- October 1, 20\_\_\_\_
- January 1, 20\_\_\_\_
- April 1, 20\_\_\_\_
- July 1, 20\_\_\_\_

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

(The following portion to be completed by Pacifica)

Dissertation Office: \_\_\_\_\_ Date: \_\_\_\_\_ PTL: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

**PROCEDURE**

STUDENT: Complete and submit the registration form to the Dissertation Office by the registration deadline. There is no grace period. Allow up to a few weeks for processing the registration, upon which the business office will debit your account. The dissertation office does not notify students, so periodically check your "my.pacifica" account for current registration status.

## Petition for One-Quarter, No-Fee Extension

(Please print)

This form is for a one-time, one-quarter extension of either the 2-year or 1-year dissertation enrollment period using criteria listed below. It can only be used by students who are within their Program Time Limit and in good financial standing. All other requests for extension without fee must be submitted in writing to the Director of the Dissertation Office for Education Council consideration. See policies for "The Dissertation" in the Student Handbook.

Student: \_\_\_\_\_ Program/ Track: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Current dissertation enrollment period ends 20\_\_\_\_\_ (please check one):

January 1

April 1

July 1

October 1

Reason for extension request (Please provide brief explanation in space below)

- Short illness (1-3 months): please specify dates and situation  
 Committee sabbatical: please name faculty member and year/ quarter  
 Near completion: within one quarter of final dissertation draft approval

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED  DENIED  Reason: \_\_\_\_\_

Dissertation Office Director: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Applied to (dates): \_\_\_\_\_

### PROCEDURE

STUDENT: Complete upper portion and submit to Dissertation Office one month before the end of your enrollment.

DISSERTATION OFFICE: Approves or denies petition based on input from committee and review of dissertation records; files original petition; forwards copy to student and Pacifica's business office, financial aid office, and registrar.

cc: Business Office  
Financial Aid Office  
Registrar's Office  
Dissertation Office  
Student

# Chair Appointment Form

(Please print)

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Year Coursework Completed: \_\_\_\_\_ Program/ Track: \_\_\_\_\_

I am enrolled in the 2-year dissertation period starting: \_\_\_\_\_  
(quarter & year)

Chair's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_

Student's Signature

Date

\_\_\_\_\_

Chair's Signature

Date

## PROCEDURE

STUDENT: After consultation with prospective chair, complete this form, sign, and submit to elected chair.

CHAIR: sign and submit form to the dissertation office.

DISSERTATION OFFICE: Process and contract (if applicable). Notify student & chair of appointment.

# Reader Appointment Form

(Please print)

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Year Coursework Completed: \_\_\_\_\_ Program/ Track: \_\_\_\_\_

I am enrolled in the 2-year dissertation period starting: \_\_\_\_\_  
(quarter & year)

Reader's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_

Student's Signature

Date

\_\_\_\_\_

Chair's Signature

Date

## PROCEDURE

STUDENT: Consult with prospective reader and, after reader agrees to join the committee, complete form, sign, and submit to your dissertation chair

CHAIR: Sign and submit this form to dissertation office.

DISSERTATION OFFICE: Process form and contract (if applicable). Notify student & reader of appointment.

## External Reader Appointment Form

(Please print)

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Year Coursework Completed: \_\_\_\_\_ Program/ Track: \_\_\_\_\_

I am enrolled in the 2-year dissertation period starting: \_\_\_\_\_  
*(quarter & year)*

External Reader's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair's Signature

\_\_\_\_\_  
Date

### PROCEDURE

**STUDENT:** Consult with prospective external reader and after h/ she agrees to join the committee, complete form, sign, and submit to your dissertation chair with 2 copies of the prospective external reader's curriculum vitae.

**CHAIR:** After approval of reader, sign and submit this form along with 1 copy of the CV to Dissertation Office.

**DISSERTATION OFFICE:** Process form and contract (if applicable). Notify student & external reader of appointment.

## Acceptance of Dissertation Proposal

Name of committee member: \_\_\_\_\_

Please indicate one:  Chair  Reader  External Reader

I have reviewed the proposal of \_\_\_\_\_  
Student

Entitled: \_\_\_\_\_

and found the proposal draft to be (check one):

Acceptable as is  Acceptable with the following minor revisions:

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### EVALUATION OF PROPOSAL

Overall quality of thought and expression:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable
Significance and originality of topic:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable
Introduction to topic & clarity of question:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable
Review of the literature:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable
Methodology, ethics, and research design:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable

\_\_\_\_\_  
Committee Member's Signature

\_\_\_\_\_  
Date signed

### PROCEDURE

**STUDENT:** Attach one copy of this form with the draft of the proposal you submit to each committee member. Allow six weeks for each committee member to respond to you with comments.

**READER AND EXTERNAL READER:** Complete and sign this form, and submit to the dissertation chair. If significant revisions are required, please return to the student.

**CHAIR:** Complete and sign this form, attach reader and external reader's approvals and forward to Dissertation Office for processing. Submit all three approval forms together

**DISSERTATION OFFICE:** Processes approval forms and notifies student and chair.

## Acceptance of Dissertation Final Draft

Name of committee member: \_\_\_\_\_

Please indicate one:  Chair  Reader  External Reader

I have reviewed the final draft of \_\_\_\_\_  
Student

Entitled: \_\_\_\_\_

and found the draft to be (check one):

Acceptable as is  Acceptable with the following minor revisions:

\_\_\_\_\_  
\_\_\_\_\_

### EVALUATION OF FINAL DRAFT

Quality of results/ data analysis/ discussion:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	
Scholarly contribution to the field:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	
Global/ multicultural awareness:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> N/ A
Mythic/ depth psychological awareness:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> N/ A
Awareness of <i>anima mundi</i> :	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable	<input type="checkbox"/> N/ A

\_\_\_\_\_  
Committee Member's Signature

\_\_\_\_\_  
Date signed

### PROCEDURE

**STUDENT:** Attach one copy of this form with the final draft of the dissertation you submit to each committee member. Allow six weeks for each committee member to respond to you with comments.

**READER AND EXTERNAL READER:** Complete and sign this form, and submit to the dissertation chair. If significant revisions are required, please return to the student.

**CHAIR:** Complete and sign this form, attach reader and external reader's approvals and forward to dissertation office for processing. Submit all three approval forms together

**DISSERTATION OFFICE:** Processes approval forms and notifies student and chair.

## Pacifica Library Catalog & Methodologies Form

(Please print complete information and submit to the  
Dissertation Office any time after final draft approval)

Student' Name \_\_\_\_\_ Program \_\_\_\_\_ Track \_\_\_\_\_

Please indicate your primary methodology below

If you have used a hybrid methodology, check no more than two from the list below. Mythological Studies students: please choose Theoretical, Humanistic & Social Science, or Production only.

- Case study
- Ethnographic
- Hermeneutics
- Heuristic
- Participatory action or action research
- Phenomenology
- Statistical
- Artistic/ creative studies

Type: \_\_\_\_\_  
*e.g. CD-ROM, novel, screenplay, DVD, video, CD-audio*

- Humanistic & social science (Myth students)
- Theoretical (Myth students)
- Production (Myth students)

Type: \_\_\_\_\_  
*e.g. CD-ROM, novel, screenplay, DVD, video, CD-audio*

## **Proquest/UMI Publishing and Copyrighting**

**(Please print and complete the three pages required for Proquest copyrighting and publishing and submit to the Dissertation Office any time after final draft approval)**

Academic and scholarly convention urges the release of doctoral dissertations into the public domain, making such research available for other researchers. For this reason, it is a degree requirement at Pacifica that dissertations be submitted for ProQuest/ UMI publishing and copyrighting. Importantly, this process in no way interferes with subsequent books or articles that you may publish upon completion of the dissertation. Copyright remains with you.

Please go to [www.il.proquest.com/dissertationagree](http://www.il.proquest.com/dissertationagree) (user name: dissertations; password: publish) and download Publishing Your Doctoral Dissertation with UMI Dissertation Publishing. Read this PDF file carefully and then fill out the three required forms and submit them to the Dissertation Office. All three forms, listed below, are required by Pacifica:

- Open Access vs. traditional Publishing,
- Dissertation Submission, and the
- Copyright Registration form.

Please note: Pacifica Graduate Institute does not allow students to delay release (embargo) of their completed dissertations.

University Microfilms International will microfilm and register the copyright for your dissertation. They will also publish the abstract of your dissertation in their monthly journal, Dissertations Abstracts International.

## Dissertation Order Form

Please fill out this form and return it to the  
Dissertation Office with your corrected manuscript.

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Would you like the edited manuscripts returned to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Shortened title for spine (maximum of 40 characters):

\_\_\_\_\_  
\_\_\_\_\_

Students may order as many copies of the dissertation as they want to pay for. Hardbound copies cost 10 cents per page for duplication and \$42.00 each for binding. Spiral bound copies cost 4 cents per page for duplication and \$2.50 each for binding. At the time of the order, Pacifica pays these charges. When you receive a final adjusted bill, it will include fees for editing, duplicating, printing, binding, copyright and publishing charges. You may pay the amount directly or it will be added to your account directly during the next billing cycle. Once your shipment of bound copies arrives at Pacifica, we will send them to you for distribution.

Number of hardbound copies: \_\_\_\_\_ Number of spiral bound copies: \_\_\_\_\_