Concept Paper Approval Form
(please print)

Student’s Name: ____________________________________________________

Student’s Address: __________________________________________________
____________________________________________________________________

Program/Track _______________________________________________________

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

If so, write name and number of course:

Course name: ___________________________ Course Number: __________

Note: 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: ________________________________________________________
(Name of research faculty member)

_________________________________________ Date

☐ I certify that my name, typed on the line above, is my authorized signature for this document.

PROCEDURE

STUDENT: Complete and submit this form with the final draft version of concept paper to the
research faculty reviewing the 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.
Chair Appointment Form

Student’s Name: ________________________________________________

Student’s Address: ______________________________________________

_________________________________________________________________

Phone # ___________________ E-mail ________________________________

Year in Coursework: _______ Program/Track: __________________________

I am enrolled in the initial clinical research project period starting: ___________________ (quarter & year)

Chair’s Name: ________________________________________________

Phone # ___________________ E-mail ________________________________

____________________________________________ ______________________

□ I certify that my name, typed on the line above, is my authorized signature for this document.

____________________________________________ ______________________

□ I certify that my name, typed on the line above, is my authorized signature for this document.

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 and chair of appointment.
Reader Appointment Form

Student’s Name: ______________________________________________________

Student’s Address: ____________________________________________________

Phone # _______________ E-mail ________________________________

Year in Coursework: _______ Program/Track: ______________________________

I am enrolled in the initial clinical research project period starting: ____________

(quarter & year)

Reader’s Name: ______________________________________________________

Phone # _______________ E-mail ________________________________

____________________________________________ ____________________

Student’s Signature Date

☐ I certify that my name, typed on the line above, is my authorized signature for this document.

____________________________________________ ____________________

Chair’s Signature Date

☐ I certify that my name, typed on the line above, is my authorized signature for this document.

PROCEDURE

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

Student’s Name: ______________________________________________________

Student’s Address: ____________________________________________________

____________________________________________________________________

Phone # ____________________  E-mail ________________________________

Year in Coursework: ________  Program/Track: ____________________________

I am enrolled in the initial clinical research project period starting: __________

(quarter & year)

External Reader’s Name: ________________________________________________

External Reader’s Address: ______________________________________________

____________________________________________________________________

Phone # ____________________  E-mail ________________________________

____________________________________________________________________

Student’s Signature ___________________________  Date ________________

☐ I certify that my name, typed on the line above, is my authorized signature for this document.

Chair’s Signature ___________________________  Date ________________

☐ I certify that my name, typed on the line above, is my authorized signature for this document.

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PROCEDURE

STUDENT: Consult with prospective external reader and after s/he agrees to join the committee, complete form, sign, and submit to CRP chair along with 2 copies of the external reader’s curriculum vitae.

CHAIR: If approving prospective reader, sign and submit form, with 1 copy of CV, to Dissertation Office.

DISSERTATION OFFICE: Process form and contract (if applicable). Notify student and external reader of appointment.
Intellectual Property and Copyright Infringement

Students engaging in clinical research at Pacifica Graduate Institute own the copyright to their finished work. Two copies of the work are available to the public, one printed and bound copy that is housed in Pacifica’s research library, and one digital copy that is published by ProQuest. As the rights-holder to the clinical research project, students are legally and ethically responsible for any infringement of copyright and intellectual property law, and may be subject to a lawsuit if they do not comply.

Copyright law is nuanced and Pacifica is unable to provide legal advice to students on this issue. The purpose of this form is to explain the students’ responsibilities. Please read the steps below, check the boxes to indicate that you have read and understand each point, and sign and date the form. Return it to the Dissertation Office at the same time you submit the ethics application for the proposed research. **Note: Your CRP proposal will not be approved until this signed form has been submitted.**

- You are not permitted to make unauthorized reproductions of copyrighted materials in your CRP and agree not to do so.
- Do not assume that since you are writing an academic CRP that your use of copyrighted materials will be deemed to be “fair use.”
- Contact the copyright owner of each work used in the CRP and request express written permission to use the material, whether it is published or unpublished, then document the requests by keeping copies of any letters or email correspondence.
- Make it clear to the copyright holder that the CRP will be published in two forms: one printed and bound copy stored in the Pacifica Graduate Institute’s research library, and one electronic copy published online by ProQuest.
- Allow plenty of time to get necessary permissions prior to submitting the CRP proposal and the CRP final draft to the committee; Pacifica recommends allowing at least four months.
- Keep copies of every permission statement in your own files, submit a full set of permission statements to the CRP chair along with the final draft of the work, and submit a full set of permission statements to the Dissertation Office.

Your signature below acknowledges that you have received, read, and understand this form and agree to follow its required procedures.

Printed Name: _____________________________ Date: ________________

Signature: ________________________________

☐ I certify that my name, typed on the line above, is my authorized signature for this document.
Ethics Application for Research without Human Participants

Researcher: _________________________________  Date: _____________

Address: __________________________________________________________

Phone: ____________________  Email: ______________________________

**Researcher**: I have read the contents of the application for approval to use human participants. Since 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 to use human participants.

Researcher’s signature: _________________________________  Date: _____________

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

Chair: _________________________________  Date: _____________

**PROCEDURE**

STUDENT reviews information regarding research using participants and determines that he/she is not conducting such an inquiry.

STUDENT signs this form and sends it, along with the CRP proposal, to the chair.

CHAIR reviews proposed research to verify that it will not use participants, then signs and submits form to the Dissertation Office.
Ethics Application for Approval to Use Human Participants

Researcher: ______________________________________ Date: __________

Address: __________________________________________________________

____________________________________________________________________

Phone: ___________________ Email: ________________________________

Title of Activity: ______________________________________________________

Sponsoring Organization: ______________________________________________

Contact Person: _______________________________________________________

II. Affix appropriate signatures

**Investigator:** 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 Institutional Review Board.

Investigator Signature: _____________________________ Date: __________

**Clinical Research Project Chair:** I have read and approve this protocol, and I believe that the investigator is competent to conduct the activity as described in this application.

Chair Signature ________________________________ Date: __________

IV. Notice of Approval

The signature of the representative of the Institutional Review Board, 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: ______________________________________________

____________________________________________________________________

____________________________________________________________________

Institutional Review Board Representative: ____________________________ Date: __________
Ethics 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?

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 participant completes before participating in the research project.

☐ Investigator’s name, phone number and times he or she can be reached.
☐ A brief description of the nature and purpose of the project.
☐ A statement regarding the confidentiality of records.
☐ An explanation of the procedures to be followed.
☐ A description of any discomforts or risks to be expected.
☐ An explanation of the benefits to be gained.
☐ Explanation of the compensation or statement about no compensation for research.
☐ An offer to answer any questions regarding the procedures.
☐ An instruction that participation is voluntary and that consent to participate may be withdrawn at any time.
☐ Information about how to contact you as a researcher as well as information about your research as part of the clinical research project process at Pacifica Graduate Institute under the supervision of your Chair and her or his contact information.
☐ A signature space where the participants (or their legal guardians) sign their name that they have read and understood this information.

Participants must be given the opportunity to consent or not without any element of force, fraud, trickery, duress, coercion or undue influence on their decision.

PROCEDURE

STUDENT signs this form, attaches the ethics application and relevant documents, then sends material to the chair.

CHAIR reviews material and, if acceptable, signs and submits form to research coordinator for review and approval.

RESEARCH COORDINATOR, as member of the Institutional Review Board, reviews material and, if ethically sound, signs and returns the form and application to the Dissertation Office.
Acceptance of Clinical Research Project Proposal

Committee member name: ____________________  □ Chair  □ Reader  □ Ext Reader

I have reviewed the proposal of ____________________________

Student Name

Entitled: ____________________________________________

The proposal is:  □ Acceptable as is  □ Acceptable with the following minor revisions:

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EVALUATION OF PROPOSAL

where 1 is “Acceptable,” 5 is “Exemplary,” or measure does not apply (“N/A”)

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Committee Member ____________________________ Date ____________________________

□ I certify that my name, typed on the line above, is my authorized signature for this document.

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PROCEDURE

1. STUDENT: Include one copy of this form along with the draft of the proposal you submit to each committee member. Allow six weeks for committee members to review the work.
2. READER AND EXTERNAL READER: Discuss revisions with student and chair and, when corrected proposal meets your approval, complete and sign this form, and send to chair.
3. CHAIR: Complete and sign this form and send to the Dissertation Office. When reader and external reader’s approvals are submitted to you, review and forward to Dissertation Office for processing.
4. DISSERTATION OFFICE: Processes approval forms and notifies student and chair.
Acceptance of Clinical Research Project Final Draft

Committee member name: ____________________  □ Chair  □ Reader  □ Ext Reader

I have reviewed the dissertation of __________________________________________

Student Name

Entitled: ____________________________________________________________

The work is:  □ Acceptable as is  □ Acceptable with the following minor revisions:

____________________________________________________________________

EVALUATION OF FINAL DRAFT
where 1 is “Acceptable,” 5 is “Exemplary,” or measure is not applicable (N/A)

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<th></th>
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Committee Member ____________________  Date ________________

□ I certify that my name, typed on the line above, is my authorized signature for this document.

PROCEDURE
1. STUDENT: Attach one copy of this form with the final draft you submit to each committee member. Allow six weeks for each committee member to review work.
2. READER AND EXTERNAL READER: Discuss revisions with student and chair and, when corrected dissertation meets your approval, complete and sign this form, and send to chair.
3. CHAIR: Complete and sign this form and send to the Dissertation Office. When reader and external reader’s approvals are submitted to you, review and forward to Dissertation Office.
4. DISSERTATION OFFICE: Processes approval forms and notifies student and chair.
Pacifica Library Catalog and Methodologies Form

Please complete and submit this form to the Dissertation Office as soon as possible after the final draft is approved.

________________________________________  ____________________________________________
Student name  Program & Track

Clinical Psychology and Depth Psychology Students

Please indicate your primary methodology from the checklist below. If you have used a hybrid methodology, check the two primary ones.

☐ Hermeneutics  ☐ Theoretical
☐ Phenomenology  ☐ Participatory Action research
☐ Ethnography  ☐ Autoethnography
☐ Case study  ☐ Heuristic
☐ Narrative Analysis/Inquiry  ☐ Discourse Analysis
☐ Intuitive Inquiry  ☐ Organic Inquiry
☐ Grounded Theory  ☐ Statistical/Quantitative
☐ Mixed Method (quantitative & qualitative)  ☐ Other
☐ Production & Type __________________________________________

e.g. CD-ROM, novel, screenplay, DVD, video, audio

Mythological Studies Students

Please select one of the following check boxes to describe your dissertation:

☐ Humanistic & Social Science
☐ Theoretical
☐ Production & Type __________________________________________

e.g. CD-ROM, novel, memoir, screenplay, DVD, video, 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 as soon as possible after the final draft is approved.

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

Please go to 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 pages and submit them to the Dissertation Office. All three pages, listed below, are required by Pacifica:

- Open Access vs. Traditional Publishing
- Dissertation Submission
- Copyright Registration form

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

University Microfilms International will microfilm and register the copyright for dissertations and clinical research projects. They will also publish the abstracts of students’ dissertations and clinical research projects in their monthly journal, Dissertations Abstracts International.
Clinical Research Project Order Form

Please complete and submit this form to the Dissertation Office as soon as possible after the final draft is approved.

Student name: ___________________________________ Date: __________________
Address: ___________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Shortened title for spine (maximum of 40 characters, spaces and punctuation marks are considered characters):
____________________________________________________________________________
____________________________________________________________________________

Students must order two hard bound copies of the clinical research project, one copy is for the student and one copy is for the Pacifica library. Students may order as many additional copies as they want to pay for. Hard bound copies cost 11 cents per page for duplication and $42.00 each for binding. Spiral bound copies cost 5 cents per page for duplication and $2.95 each for binding. Students must supply any images printed in color—a full set for each bound copy ordered—but there is no insertion cost. Students also may insert a CD or DVD pocket in the manuscript at a cost of $8.00 per pocket per copy. Please inform the Dissertation Office if the clinical research project will need CD/DVD pockets and if the clinical research project contains color images.

At the time of the order, Pacifica pays these charges. When a student receives the final adjusted bill, it will include fees for editing, duplicating, printing, binding, copyright, and publishing charges. Students may pay the amount directly to the business office or it will be added to their account directly during the next billing cycle. Once the shipment of bound copies arrives at Pacifica, the Dissertation Office sends them to students for distribution. Pacifica will pay the cost of mailing up to five copies of the clinical research project to students. Beyond that number of copies, students will be billed for the mailing costs.

Number of hard bound copies: _______ Number of spiral bound copies: __________
Color images? Y ____ N ____ Number of pages with color images ________
CD pocket? Y ____ N ____