

**DISSERTATION DEFENSE SCHEDULING FORM**  
To be completed by the Committee Chair in consultation with the student

**NAME:** \_\_\_\_\_ **NAU ID:** \_\_\_\_\_ **NAU EMAIL:** \_\_\_\_\_

**DEGREE/PROGRAM:** \_\_\_\_\_ **ADVISOR/MAJOR PROFESSOR:** \_\_\_\_\_

This form must be completed, signed (electronic signatures are accepted), and sent to the Graduate College [ETD Coordinator](#) a **minimum of 10 business days before** the dissertation defense. **Please note:** this process is separate from the format check. Please refer to the [Dissertation Defense Policy and Procedures](#) for more information.

**Dissertation Title:** \_\_\_\_\_

**All committee members must be present, in person, at the defense, unless prior approval is obtained from the Graduate College using this form.** If requesting approval for any committee member to attend from a separate location, please provide the scheduled SKYPE for Business, Lync Meeting information, or other web conferencing link: \_\_\_\_\_

Justification for request: \_\_\_\_\_

Please print committee members' names. If not all members will be on the Flagstaff campus, please include the location where members will be attending. Committee signatures or emails verify that all committee members have read the final draft of the dissertation and agree that it is ready for defense.

	Printed Name	Signature OR Attached Email	Alternate Location (approval required)
<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	_____	_____	_____
<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	_____	_____	_____
<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	_____	_____	_____
<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	_____	_____	_____
<input type="checkbox"/> Chair <input type="checkbox"/> Co-Chair <input type="checkbox"/> Member	_____	_____	_____

The Oral Defense is scheduled for:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location Building:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Is the presentation portion of the defense open to the public?**  Yes  No

*If open to the public, please ensure that adequate seating and accessibility to a general audience is feasible.*

**If a separate public presentation is required, please provide the following information:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location Building:** \_\_\_\_\_ **Room:** \_\_\_\_\_

Graduate College Approval: \_\_\_\_\_  Yes  No

UGC Representative/Department: \_\_\_\_\_