

**THESIS/DISSERTATION ORAL DEFENSE FORM—PART 1**

This Part 1 form is to be completed during the oral defense and submitted to the Graduate College as the official university record of the oral defense results.

This completed form must be emailed to [ETD@nau.edu](mailto:ETD@nau.edu) within 48 hours of the defense by the Unit Chair/Director (for master’s defenses) or by the University Graduate Committee Representative (for doctoral defenses). THIS FORM WILL NOT BE ACCEPTED IF SUBMITTED BY THE STUDENT. The Chair will also make a copy for the Graduate Coordinator and the departmental file.

Part 2, now a separate form, is completed after all the requirements of the oral defense are met and the final document is ready for publishing. Part 2 Form

Candidate’s Name: \_\_\_\_\_ NAU ID Number: \_\_\_\_\_ Defense Date: \_\_\_\_\_

Committee Chair’s Name: \_\_\_\_\_

PLEASE CHECK ONE:

Master’s Degree

Doctoral Degree

Degree and Program (e.g., Ph.D. Biology; M.A. Psychology): \_\_\_\_\_

Defense vote summary (a two-thirds majority of the appointed committee is required to pass):

Number of PASS votes: \_\_\_\_\_

Number of FAIL votes: \_\_\_\_\_

Specify changes and other requirements that must be completed and the committee member(s) who will verify that all specified requirements have been met (attach Word document, if necessary/desired):  
\_\_\_\_\_

Printed Name

Committee Member Signature

1. \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify I have electronically signed and approve this document.

Printed Name

Committee Member Signature

2. \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify I have electronically signed and approve this document.

3. \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify I have electronically signed and approve this document.

4. \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify I have electronically signed and approve this document.

5. \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify I have electronically signed and approve this document.

6. \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box I verify I have electronically signed and approve this document.

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**Additional Signatures**

**Master's Defense (unit chair, director, or their designee):** \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify I have electronically signed and approve this document.

**Doctoral Defense (UGC Representative):** \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify I have electronically signed and approve this document.