

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

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

**DEGREE/PROGRAM:** \_\_\_\_\_

This form must be completed, signed electronically, and emailed to the Office of Graduate & Professional Studies [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:** \_\_\_\_\_

In-person defenses are encouraged, virtual defenses via Zoom are allowed, and a hybrid defense with both components is also acceptable. Please make sure to include the location and the virtual meeting link and password (e.g., Zoom, Skype) for remote participation by committee members, the student, and guests who may be present for the public presentation.

Printed Name

Committee Member Signature

Committee Chair (or Co-Chair): \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify that I have read the final draft of the dissertation and agree it is ready for defense.

Committee Co-Chair (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify that I have read the final draft of the dissertation and agree it is ready for defense.

Member: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify that I have read the final draft of the dissertation and agree it is ready for defense.

Member: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify that I have read the final draft of the dissertation and agree it is ready for defense.

Member: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify that I have read the final draft of the dissertation and agree it is ready for defense.

Member: \_\_\_\_\_ Date: \_\_\_\_\_

By checking this box, I verify that I have read the final draft of the dissertation and agree it is ready for defense.

**The Oral Defense is scheduled for:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **In-person:** \_\_\_\_\_ **Virtual:** \_\_\_\_\_ **Or Both (hybrid):** \_\_\_\_\_

**Virtual Meeting Link:** \_\_\_\_\_ **Password:** \_\_\_\_\_

Is the presentation portion of the defense open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_ Location Bldg./Room: \_\_\_\_\_

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

**Location Bldg./Room:** \_\_\_\_\_ **Virtual Meeting Link:** \_\_\_\_\_ **Password:** \_\_\_\_\_

Graduate & Professional Studies Approval: \_\_\_\_\_  Yes  No

UGC Representative: \_\_\_\_\_