

THESIS/DISSERTATION ORAL DEFENSE FORM—PART 1

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

This completed form must be emailed to 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.

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.