NORTHERN ARIZONA UNIVERSITY

Graduate College

Date Received (Official Use Only): _____

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 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:_____

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: _____
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Member: _____   _____ Date:_____
☐ By checking this box, I verify hat 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):**

Location Bldg./Room:_____ **Virtual Meeting Link:**_____ **Password:**_____

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

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

Location Bldg./Room:_____ **Virtual Meeting Link:**_____ **Password:**_____

Graduate College Approval: _____   ☐ Yes   ☐ No

UGC Representative: _____