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 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.