

Request for Oral Defense

Revised Date: 12/14/2020

Submission Instructions

Please complete this form and submit at least **two** weeks prior to the desired oral defense date. Once form is completed, please submit via email to CDS@uagc.edu, fax to 888.331.0568, or e-sign.

Student Information

First Name: _____ Last Name: _____ Student ID: _____

Program: PhD Education PhD Human Services PhD Organizational Development & Leadership PsyD

Specialization _____

Doctoral Research Project Working Title _____

Oral Defense Request

Preliminary Final

Day: _____ Date: _____ Time: _____

Day: _____ Date: _____ Time: _____

Day: _____ Date: _____ Time: _____

Synchronous Communication Medium Needed (Zoom, Skype, etc.)

Other Needs _____

The following people need to be in attendance:

Chair Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Consent to Record

My signature below acknowledges that my Oral Defense facilitated by Zoom will be recorded, and I give the University of Arizona Global Campus the right, but not the obligation, to record my participation and appearance on the video and audio tape. I understand that this video/audio recording will be used for educational and/or instructional purposes only within the Global Campus.

Student Signature: _____ Date: _____

The University of Arizona Global Campus may distribute my recorded Oral Defense to other students, faculty and staff for instruction and learning purposes.

I do not want the University of Arizona Global Campus to distribute my recorded Oral Defense to other students, faculty, and staff for instructional and learning purposes.