

North Carolina State University
The Graduate School

**Request To Conduct
DOCTORAL REMOTE ORAL EXAMINATION**

Must be attached to "Request To Schedule Doctoral Oral Examination" form

To: Dean of The Graduate School

From: Program Director: _____
Director's name/Program name

Student Information:

Student Name: _____ ID: _____

I agree to the exam conditions outlined below (sign/date): _____

Approval will be based upon responses to the following (attach additional explanations as needed):

1. Who is going to be located remotely and what is the proposed location of that individual during the exam? _____
2. State the reason for the absence and the justification for the exam being scheduled during that absence. _____
3. Describe the technology to be used (interactive video and audio are required). _____
4. If the exam is the Final, by what means will the presentation be available to the university community and what provisions will be available for the community to ask questions? _____
5. Have all participants been notified that prolonged failure of the technology may require that the exam be rescheduled? Yes No
6. Select one of the following procedures for obtaining signatures on exam report: 1) US Mail, 2) FedEx (or equiv), or 3) high quality scan of entire completed report, electronic transmittal, sign printout, re-scan and return. Consider deadlines when choosing. _____

DGP Signature/Date: _____



Graduate School Approval/Date: _____