**Request To Conduct**

#  MASTER’S REMOTE ORAL EXAMINATION

# \*\*\*Must be attached to “Request To Schedule Master’s Oral Examination” form\*\*\*

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| **To:** The Graduate School |
| **From:** Director of Graduate Program: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|   | DGP’s name |

***Student Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | ID: |  |
| I agree to the exam conditions outlined below (signature/date): |  |

**Note: Graduate School Representatives, chairs, and students are not permitted to attendremotely. Where there are co-chairs, at least one co-chair must be present.**

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

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| 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. | Have all participants been notified that prolonged failure of the technology may require that the exam be rescheduled?  [ ] Yes  [ ] No |

***DGP Signature/Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Graduate School Approval/Date:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*