

North Carolina State University
The Graduate School

**Request To Conduct
MASTER'S REMOTE ORAL EXAMINATION**

****Must be attached to "Request To Schedule Master's 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 explanation 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 if the student is remote, interactive audio is required otherwise). _____
4. Have all participants been notified that prolonged failure of the technology may require that the exam be rescheduled? Yes No
5. 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: _____