**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:** 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_