

UC DAVIS

GRADUATE STUDIES

Committee Member Remote Participation Request

Student Last Name	First Name	Middle Name	Student ID Number
Current Address	City	State/Zip Code	E-mail
Major Professor	Graduate Program	Proposed Examination Date	

Request for (Type Committee Member Name) _____

to participate remotely on a: Qualifying Examination Committee PhD Final Exam (Plan A or C)
 Master's Comprehensive Examination Committee

All examination committee members must make all reasonable efforts to be physically present during the entire examination; however, it is permissible for one member (not the Chair) to participate remotely if he/she cannot be present and is not within commuting distance. See criteria for remote participation on advanced degree committees in the Policy on Service on Advanced Degree Committees GC1998-01 <http://gradstudies.ucdavis.edu/gradcouncil/policiesall.html%20#6>.

Remote participation is defined as one member of a committee who is not physically present, but who is present via appropriate interactive voice technology; video may also be required, appropriate to the discipline and exam format (if there are whiteboard sessions, etc.). The remote participant must be able to interact with the student and the other committee members, and vice versa, in real time. The remote participant must have access to all the same examination materials as other committee members. A student may negate their approval for remote participation at any time prior to the examination, leading to rescheduling of the exam or reconstitution of a committee. Student must submit a request to negate their approval for remote participation in writing to the Chair of the Committee and the Office of Graduate Studies. Remote participation by a member must be noted on the report form provided to Graduate Studies.

Attach justification for remote participation as a separate sheet.

Student Signature: _____	Date: _____
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DEPARTMENT CERTIFICATION (for all students)

I certify that this request for the above mentioned committee member meets all criteria for remote participation in a Qualifying Examination or Master's Comprehensive Examination.

Graduate Program Advisor Signature: _____ Date: _____

Print Graduate Program Advisor's Name: _____

I certify that I have been notified of this request.

Committee Chair Signature: _____ Date: _____

Print Committee Chair's Name: _____

GRADUATE STUDIES SECTION

APPROVED **DENIED**

Associate Dean of Graduate Studies Signature: _____ Date: _____

Staff Initials: _____