



Kansas State University

VIDEO/TELECONFERENCE REQUEST FORM

Name: _____ K-State eID: _____ Student Number (WID): _____ Degree Program: _____ College: <input type="checkbox"/> AG <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> ED <input type="checkbox"/> EN <input type="checkbox"/> HE <input type="checkbox"/> TC <input type="checkbox"/> VM Date of Final Examination: _____	Master's <input type="checkbox"/> Doctor of Philosophy <input type="checkbox"/> Doctor of Education <input type="checkbox"/>
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I am requesting permission to video conference my final examination. The committee member listed below will be absent from the Manhattan campus and unable to attend the final examination in person. All members of the supervisory committee, including my major professor, outside chairperson (doctoral only) and myself, will be in the same room for the duration of the final examination. All members of the examining committee will be aware of what transpires during the final examination. Any information produced during the examination, whether oral or written, will be seen by all members.

Please give a brief description of the video/teleconference media to be used:

Supervisory Committee Member absent from Manhattan Campus: _____

Location of absent Committee Member: _____

Email address of absent Committee Member: _____

Major Professor printed name: _____

Major Professor signature: _____

Major Professor Email address: _____

Outside Chairperson printed name (doctoral only): _____

Outside Chairperson signature (doctoral only): _____

Outside Chairperson Email address (doctoral only): _____

Student signature: _____

Dean of Graduate School signature: _____

All signatures are required. This form should be submitted at least ten working days prior to the final defense to the Graduate School, 103 Fairchild Hall.