

PROXY REQUEST FORM FOR DOCTORAL STUDENT

Student Name: _____
 K-State eID: _____
 Student Number (WID): _____
 Degree Program: _____
 College: AG AI AR AS BA
 ED EN HE TC VM
 Date of Final Examination: _____

PLEASE CHECK EITHER:
 Doctor of Philosophy
 Doctor of Education

As a major professor for the above listed student, I am requesting to acquire a proxy for the final examination. The committee member listed below will be absent from the Manhattan campus and unable to attend the final examination in person or by video/teleconference. All members of the supervisory committee, including the 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 provide justification for proxy request:

Supervisory Committee Member absent: _____

Signature of absent committee member (unless medical emergency): _____

Email address of absent committee member: _____

Requested proxy: _____

Signature of requested proxy: _____

Email address of requested proxy: _____

Major Professor printed name: _____

Major Professor signature: _____

Major Professor Email address: _____

Outside Chairperson printed name: _____

Outside Chairperson signature: _____

Outside Chairperson Email address: _____

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, 119 Eisenhower Hall.