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**REQUEST TO CONDUCT A REMOTE VIVA VOCE EXAMINATION**

Requests will only be considered in exceptional circumstances as outlined in the Policy on Remote Viva Voce Examinations <https://www.wlv.ac.uk/about-us/corporate-information/wlv-policies/policy-on-remote--viva-voce-examinations/>. This form must be completed and returned to the RDSS Office along with the NOMEX form at least 3 months prior to submission to allow time for alternative arrangements to be considered in the event that the request is not approved.

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| Research Student name: |  | | | |
| Faculty: |  | | Student Number: |  |
| Justification: *Please provide reasons below for a remote viva. Include details of the proposed locations, technology and invigilator etc. and other considerations as outlined in the guidance.* | | | | |
| *(text box will expand)* | | | | |
| Please specify the location of each party below: | | | | |
| Research Student | |  | | |
| Internal Examiner | |  | | |
| External Examiner | |  | | |
| Independent Chair | |  | | |
| **Please see the guidelines overleaf.**   * I have read and understand the Policy on remote Viva Voce Examinations * All parties have been consulted and are in agreement with these arrangements, including the candidate, Director of Studies, independent chair, Faculty Postgraduate Research Tutor (PGRT) and all appointed examiners. * Once approved written details of final arrangements must be sent to the RDSS Office. | | | | |

**Support for the Request**

Signatures (Please attach email confirmation from the external examiner/ s and the student in cases where it is proposed that they are the remote party)

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| Research Student: |  | Director of Studies: |  |
| PGRT: |  | Internal Examiner |  |
| External Examiner |  | Independent Chair |  |

**Approval**

Please note that CRDDS approval must be granted before a remote viva is conducted.

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| Approved by the Committee for Researcher Development & Doctoral Studies: | |
| Signature |  |
| Date |  |