Graduate School
Oregon State University

Approval of Remote Committee Participation
Check one:  ___ Master's Theses Defense     ______ PhD Program Meeting
           ___ PhD Oral Preliminary     ___ Final Dissertation Defense

Student Name (please print) ____________________________ ID # ________________
Student Email Address ________________________________ _______________
Student Department/Program __________________________________________

Graduate Council policy permits members of the committee and/or the student to be connected from a
distant site for required committee meetings, if the following conditions are met:

a. Advance written agreement of the student and all committee members, has been obtained;

b. All participants must participate with two way audio and video connections;

c. Any visual aids or other materials have been distributed in advance to the remote participants;

d. The remote parties participate in the complete conduct of the meeting, discussions, presentation and
evaluations;

e. If for any reason the audio/video connections fail and cannot be re-established, the meeting will be
rescheduled;

f. The major professor has accepted responsibility for the oversight of any logistical arrangements necessary;
and

g. Any costs associated with remote participation are not the responsibility of the Graduate School, and must
be arranged in advance.

We, the undersigned, are aware that one or more members of this committee will be participating remotely in
this meeting and agree to this remote participation. We do hereby verify that all of the above conditions have
been, or will be, met for the committee meeting checked above.

(Faxed signatures will be accepted.)

Remote participant

Student ____________________________ Date ____________  □

Major Professor _______________________ Date ____________  □

Graduate Council Representative __________ Date ____________  □

Committee Member ____________________ Date ____________  □

Committee Member ____________________ Date ____________  □

Committee Member ____________________ Date ____________  □

Committee Member ____________________ Date ____________  □

Committee Member ____________________ Date ____________  □

Name of Department Underwriting Costs ____________________________

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