



APPROVAL OF VIVA VIA VIDEO-LINK

(TO BE COMPLETED BY THE STUDENTS DIRECTOR OF STUDIES)

In completing this form you should refer to the relevant sections of the Research Degree Regulations (Part 9 of the UEL Manual of General Regulations) the UEL Code of Practice for Postgraduate Research Programmes and the guidelines on Oral Examinations for Postgraduate Research Degrees via Video-Link.

This form should only be used where a request for the use of video-link is submitted subsequent to the approval of the examination arrangements.

This form should be typewritten.

1. STUDENT'S DETAILS

FULL NAME				
UEL STUDENT NUMBER				
PROGRAMME FOR WHICH THE STUDENT IS CURRENTLY ENROLLED <i>(Please Tick)</i>	MPHIL		PHD (EUR)	
	PHD VIA MPHIL		PROF DOC	
	PHD DIRECT		MPHIL BY PUBLICATION	
	PHD BY PUBLICATION			
TITLE OF PROFESSIONAL DOCTORATE PROGRAMME (IF APPLICABLE)				
TITLE OF THESIS				
SCHOOL				
NAME OF COLLABORATING ESTABLISHMENTS (IF ANY)				

2. THE EXAMS TEAM

NAME				
EXAMINER TYPE <i>(Please Tick)</i>	INTERNAL		EXTERNAL	

NAME				
EXAMINER TYPE <i>(Please Tick)</i>	INTERNAL		EXTERNAL	

NAME				
EXAMINER TYPE <i>(Please Tick)</i>	INTERNAL		EXTERNAL	

NAME				
CHAIR <i>(Please Tick)</i>	INTERNAL		EXTERNAL	

3. Justification

PLEASE GIVE A CLEAR JUSTIFICATION FOR SELECTING AN EXTERNAL EXAMINER WHO IS UNABLE TO PHYSICALLY ATTEND THE EXAMINATION AND / OR A COHERENT JUSTIFICATION FOR ALLOWING THE STUDENTS ORAL EXAMINATION TO TAKE PLACE VIA VIDEO LINK

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4. Confirmation

PLEASE NOTE THAT IN SIGNING BELOW THE DIRECTOR OF STUDIES INDICATES THAT THEY DO SO ON BEHALF OF, AND FOLLOWING CONSULTATION WITH, THE ENTIRE SUPERVISORY TEAM, STUDENT AND THE EXAMS TEAM

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE

I CONFIRM:	
THE STUDENT AND THE ENTIRE EXAM TEAM AGREE WITH THE EXAMINATION BEING UNDERTAKEN VIA VIDEO-LINK	
THE STUDENT, THE EXAMS TEAM AND THE SUPERVISORY TEAM HAVE ALL BEEN PROVIDED WITH AND ARE FAMILIAR WITH THE GUIDELINES FOR POSTGRADUATE RESEARCH DEGREES VIA VIDEO-LINK	
DIRECTOR OF STUDIES	SIGNED:
	DATE: