

**Graduate Science Education**

**Field of Study Exam Set-up Form**

**Submit this form, along with the Contingency Plan form, to your GPA no later than 4 weeks before your exam.**

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| Student Name:       | UCID:  |
| Program: Choose an item. | Supervisor:       |
| **FOS Oral Exam Information***The FOS exam is 2 hours plus time to deliberate after the oral examination. Please remember to book 3 hours with your examiners and the room. The GSE Conference Room can be booked through your GPA. Exams in the GSE Conference Room may not start between 12:00 and 1:15PM.* |
| **Date:**      | **Time:**       | **Location:**       |
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| **Supervisor:**       | **How Attending:** Choose an item.**Backup Phone #:**       |
| **Co-Supervisor:**       | **How Attending:** Choose an item.**Backup Phone #:**       |
| **Committee Members Attending** *(Requirement of having two members who must attend in person is currently suspended until December 31, 2020).*  |
| **Committee Member:**       | **How Attending:** Choose an item.**Backup Phone #:**       |
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| **Committee Member:**       | **How Attending:** Choose an item.**Backup Phone #:**       |
| **Examiner Internal to Program:**      [ ]  Has a well-established research reputation[ ]  Is not a close personal friend of the Supervisor[ ]  Has not collaborated with the Supervisor in the past five years[ ]  Is not closely related to, or worked with the student*A memo is required if examiner does not meet all of the above criteria* | **How Attending:** Choose an item.**Backup Phone #:**       |
| **Examiner External to Program:**      [ ]  Has a well-established research reputation[ ]  Is not a close personal friend of the Supervisor[ ]  Has not collaborated with the Supervisor in the past five years[ ]  Is not closely related to, or has worked with the student*A memo is required if examiner does not meet all of the above criteria* | **How Attending:** Choose an item.**Backup Phone #:**       |

***\*\*Note: The Proposal Evaluator may be used as either an Internal or External examiner as long as they meet the criteria.***

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| Y:\FGS Shared Drive\Logos - Signatures - Templates\Logos\2013 UCalgary Logo\UC-horz-rgb.jpg | **COVID-19 Field of Study Contingency Format:****Student/Supervisor/Examiners Participating Remotely****[ ]**  **This is a retake exam.** |
| ***The purpose of this form is to pre-approve a remote format for an Oral Examination scheduled between March 16 and December 31, 2020 in the case of University Closure or unanticipated circumstances whereby student/supervisor/examiners are unable to be physically present for the examination.*** *Questions about the use of this information should be directed to the FOIP Advisor, Faculty of Graduate Studies, (403) 220-4938.* |
| **Student Information** |
| Student: | Date: | UCID:  |
| Department/Program: |
| Oral Examination: **Field of Study (FoS)**   |  |
| **Telecommunications plan** |
| In the event of a university closure all examiners and the students will be connected via zoom videoconferencing, with a Zoom teleconference option as a back-up for all examiners.For the student attending remotely, they have to participate with a video link in order to see them. This satisfies the requirement to verify the student is present in the absence of a proctor. The Graduate Program Administrators and the neutral chair will work together to set up zoom videoconferencing for the examination committee (the university has a site license, <http://elearn.ucalgary.ca/zoom/>).  |
| Date of Examination: | Time of Examination (student): | Place of Examination (Student): |
| Time of Examination (Committee): | Place of Examination (Committee): |
| **Committee** | Participating remotely?  | Clear of conflict of interest |
| **,** Neutral Chair, Department | **[ ]**  | N/A |
| **,** Supervisor | **[ ]**  | N/A |
| **,** Co-Supervisor, Department (if applicable) | **[ ]**  | N/A |
| **,** Supervisory Committee, Department (if applicable) | **[ ]**  | N/A |
| **,** Supervisory Committee, Department (if applicable) | **[ ]**  | N/A |
| **,** Internal Examiner | **[ ]**  | **[ ]**  |
| , External Examiner | **[ ]**  | **[ ]**  |
| , Proctor (if applicable) | X | N/A |
| **Student’s Acknowledgement** |
| **The student’s signature below acknowledges the arrangements for the remote examination.** |
| Date: | Student’s Signature: |

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| **Program’s Acknowledgement** |
| **The Graduate Program Director's signature below verifies That:****[ ]**  The student has requested and accepts to take the examination remotely (*Documentation must be kept on file*).**[ ]**  All committee members are aware and agree with the arrangements for the remote examination.**[ ]**  Arrangements have been made for stable and reliable communication during the examination.**[ ]**  The Neutral Chair has been provided with the contact information in case of emergency or unanticipated situations. |
| Date:GPD’s name: |  *GPD’s Signature*: |
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