

**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:** |
|  | | |  |
| **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 August 31, 2020).* | | | |
| **Committee Member:** | | | **How Attending:** Choose an item.  **Backup Phone #:** |
| **Committee Member:** | | | **How Attending:** Choose an item.  **Backup Phone #:** |
| **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 August 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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