**REQUEST TO CONDUCT VIVA REMOTELY**

**(Exceptional Circumstances Only)**

This form should be **completed in full** and returned to the Director of Postgraduate Teaching & Learning Office; please email to Teresa Fox at [GRADAPPS@TCD.IE](mailto:GRADAPPS@TCD.IE)

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| **Information to Supervisors**:  The viva may be conducted remotely only in very exceptional circumstances, and provided certain conditions are met. Should you wish to request this, please complete the form below and email to Teresa Fox at [GRADAPPS@TCD.IE](mailto:GRADAPPS@TCD.IE), **no less than 5 days before the viva**. Once we receive your form, it will be reviewed and sent to the Director of Postgraduate Teaching and Learning for approval. You will be informed of the decision as quickly as possible. |

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| **SUPERVISOR TO COMPLETE** | | |
| **Student**  Name  Email  Student Number |  | |
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| **Supervisor**  Name  Email |  | |
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| **Date of this Request** |  | |
| **Date of the Viva** |  | |
| Please indicate if the supervisor will be acting as an observer, if requested by the student. | | YES  NO |
| If a supervisor wishes to be an observer during the viva voce, please outline reason why, and state no resulting concerns for integrity of the examination process. Also, state that the supervisor understands if they wish to be an observer, they agree that they cannot interrupt or any way influence proceedings of the viva. The Director/Dean will decide if the supervisor can attend on a case-by-case basis. | |  |
| Please confirm what facilities will be used for the remote viva to take place and outline the process that will be followed, if fully electronic where all parties (i.e. student, examiners, chair) are participating online. | |  |
| *The student is required to confirm their agreement to the remote viva by emailing Teresa Fox at* [*GRADAPPS@TCD.IE*](mailto:GRADAPPS@TCD.IE)*.*  Has the student been informed to do this? | | YES  NO |
| **Supervisor Signature**  (scan acceptable) | |  |

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| **EXAMINERS AND CHAIR TO COMPLETE**  **By signing, Examiners and Chair of Viva agree to conduct the viva remotely.** | | |
|  | **Name** | **Signature** (electronic or scanned signatures acceptable) |
| **Chair of Viva** |  |  |
| **External Examiner** |  |  |
| **Internal Examiner**  **\*or 2nd External Examiner if candidate is a staff member** |  |  |
| **Have examiners exchanged the “Pre-Viva Examination Report Form”?**  *This form is to be sent no less than 1 week before the viva; please copy* [*gsothese@tcd.ie*](mailto:gsothese@tcd.ie) *and Chair of viva on correspondence.* | | YES  NO |
| **The examiners expect outcome is likely to be:**  *Please note that examiners are free to recommend any outcome after viva has taken place and are in no way bound to the expectations expressed here.* | | Minor corrections, *or* degree awarded as it stands  Major corrections, *or* lower degree awarded, *or* thesis failure |

***All forms can be found here:*** [***https://www.tcd.ie/medicine/education/courses/postgraduate/forms/***](https://www.tcd.ie/medicine/education/courses/postgraduate/forms/)

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| **FOR OFFICE USE ONLY: DOCUMENT CONTROL - SCHOOL OF MEDICINE** | |
| **Prepared by:** | **Prof Lina Zgaga (Director, PGTL, School of Medicine)** |
| **Reviewed & Approved** | **Prof Julie Broderick (Associate Director, PhD Studies, PGTL, School of Medicine)** |
| **Next Review Date** | **This document, may be subject to quality appraisal such as the School review. The next review date of this document will be Mar 2022.** |
| **VERSION HISTORY** | **Version 2 – Jul 2021** |