

Request for Remote Participation in Graduate Committees

Student's Information

Name: _____ Today's Date: _____
Department: _____ LSU ID: _____
Date of Exam: _____ Time of Exam: _____
Location of Exam: _____

Committee Member's Information (Chair's or student's information for extraordinary circumstances)

Name: _____ Email Address: _____
Institution: _____

Reason for remote participation request:

Committee Approvals

In lieu of physical signatures, emailed statements of approval can be attached. "See email" should be written in the signature field.

Committee Chair (or co-chair) _____
Committee Member (or co-chair) _____
Committee Member _____
Committee Member _____
Committee Member _____