

Remote Participation Form
Defense Presentation
SEECs

Student Name: _____ Reg #: _____

Project title: _____

Presentation date and time: _____ Presentation: PD / MD / FD

Faculty Member Name: _____ Institute: _____

Reason for remote participation:

Faculty Member Signature and date: _____

Project Supervisor Name: _____

Number of committee members joining this defense presentation remotely: _____

Comments: _____

Signature: _____

HoD IoT: _____ Signature: _____

cc: Office, Student File