

**APPOINTMENT OF A TECHNICAL GUARANTOR TO SUPPORT A PARTIAL OR TOTAL VIDEOCONFERENCE PHD DEFENSE**

**Form to be given by the thesis director to the doctoral school at the time of the appointment of the rapporteurs and the Jury and to be attached to the request for authorization to defend.**

Full name of the PhD student : LAST NAME First name Doctoral school: Acronym doctoral school
Date and time of the defense: January 1, 2019 at 2 p.m

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Full name of the technical guarantor : LAST NAME First name Technical guarantor

Phone number : xx xx xx xx xx

Email address : Email address of the technical guarantor

Title and function of the technical guarantor : title and function

If applicable, role regarding the defense: Reviewer, Rapporteur, Guest, Member of the supervisory team

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Selected video conference system: Name of the system

Public link to get access to the virtual defense room : link and information on the defense room

Link to the virtual deliberation room and other login information: link and info on the deliberation room

Link to the virtual training room and other login information: link and info on the training room

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**Declaration of honor**

I, the undersigned, LAST NAME First name technical guarantor, declare to master the videoconference system Name of the system and.

I have read the instructions and recommendations regarding the use of videoconference for PhD defenses and I certify that this videoconference system allows for their implementation.

I certify that the public link that will be diffused during the announcement of the defense to guarantee the public character of the defense will not give **in any case** a direct and automatic access to the virtual defense room and I commit myself, the day of the defense, to manage the admission of the public in the defense room in order to avoid the unwanted intrusions and without affecting the public character of the defense.

I commit myself to support the PhD student, the president of the Jury and the other members of the Jury, before, during and after the defense, for their familiarization with the tool and for the management of the defense.

**Date……………………….., place ………………………..**

LAST NAME first name technical guarantor **and signature**