Procedure for requesting permission to film and broadcast a thesis defense

*Procedure unanimously adopted by the Board of the Doctoral College Council on September 24, 2018.*

# Preamble

Article 19 of the decree of May 25, 2016 setting the national framework for training and the procedures leading to the award of the national doctoral diploma specifies that the defense is public, except for an exemption granted exceptionally by the head of the institution if the subject of the thesis is of a proven confidential nature. In this sense, any defense can be filmed and the video thus obtained broadcast, if all the necessary agreements have been obtained in the framework of image rights and intellectual property. However, the filmed PhD student retains ownership of the images of his or her thesis defense.

# Procedure

The request for authorization to film a thesis defense must be made by the applicant to the institution of registration:

+ By specifying the framework of the diffusion, in particular the planned site of viewing and the duration of the setting on line.

+ By informing the parties involved in the thesis (funder, thesis director, unit director, director of the doctoral school) and obtaining their authorization through the document requesting authorization to film a thesis defense.

+ By obtaining the individual agreement of all the people filmed.

Circuit of instruction of the request

The applicant prepares the application

Applicant informs and seeks approval from involved parties

## The applicant submits a complete application to the enrolling institution

The enrolling institution grants or denies permission

## ALL persons filmed give their permission. If one of them refuses, he or she must not be filmed during the defense.

Request for authorization to film a thesis defense

I, the undersigned, Last Name : ................................. First name :. Phone number :

.............................. Email address :...................................................

Professional address : ....................................................................

requests permission to film the thesis defense of (last name and fisrt name).

The diffusion of the film of the defense is planned via .............................................. accessible by

.............................................. (specify who can access this site) for the following period

..............................................

Place..........................................., date .............................

*Signature*

**Opinion of the thesis director**

I, the undersigned, Last Name : .................................First name thesis director

of ……………. Give a favorable unfavorable opinion to this application for the following reasons:.................................................................................................................………………………………………………

………………………………………………

*Last name, First name, date and signature of the thesis director*

### Opinion of the director of the research unit

I, the undersigned, Last Name : .................................First name director of the research

unit…………………. Give a favorable unfavorable opinion to this application for the following reasons :.................................................................................................................……………………………………………

……………………………………………………………………………

*Last name, First name, date and signature of the director of the research unit*

### Opinion of the funder

I, the undersigned, Last Name : .................................First name legal representative of

the institution ……………………………. who is funding the thesis of ……………………………., give a favorable unfavorable opinion to this application for the following reasons :

.................................................................................................................……………………………………………………………

…………………………………………

*Last name, First name, date and signature of the legal representative of the institution or his delegate*

### Proposal of the doctoral school

I, the undersigned, Last Name : .................................First name director of the doctoral

school ………………………………….., give a favorable to this application for the following reasons :.................................................................................................................……………………………………………

…………………………………………………

*Last name, First name, date and signature of the director of the doctoral school*

### Administrative authorization

The President of the University of Paris Saclay, Having regard to the request for authorization,

authorizes doesn’t authorize

the applicant to film the doctoral defense of …………………………….

*Signature*

Place ………………, date .............................

Authorization to be filmed

I, the undersigned, Last Name : .................................First name :. Phone number :

.............................. Email address :...................................................

Professional address : ....................................................................

Authorize (designation of the person or entity responsible for the filming) to

film me in the framework of the thesis defense of (Last name and first name).

The broadcasting of the film of the defense is planned via .............................................. accessible by

.............................................. (specify who can access this site) for the following period

..............................................

I declare that my intervention does not contain any borrowing from a work of any kind, in compliance with the application of the intellectual property code.

I certify that my intervention does not contain any defamatory element or contrary to the laws applicable in France at the time of the filming.

Place..........................................., date.............................

*Signature*