

*THIS FORM MUST BE COMPLETED AND RETURNED WITH AN ABSTRACT TO
THE GRADUATE ADMINISTRATOR IN THE SCHOOL OF COMPUTER SCIENCE*

CONFIRMATION OF COMPLETION OF SECOND PHD SEMINAR REQUIREMENT

SCHOOL OF COMPUTER SCIENCE
CARLETON UNIVERSITY

Student #: _____

Date: _____

Student's Name _____
PLEASE PRINT

Signature of Student: _____

Supervisor's Name _____
PLEASE PRINT

Supervisor's Signature _____

Date of presentation: _____
PLEASE PRINT

Location of presentation: _____
PLEASE PRINT

Context of presentation: (e.g., conference, research group, departmental series)

By signing this form, the student and the supervisor confirm that they have reviewed the **attached abstract**. The supervisor is confirming that the seminar was given and that it was of sufficient quality.

FOR SCS OFFICE use only

Abstract Rec'd: _____