

School of Computer Science

Ph.D. Thesis Supervisor Information (COMP 6909)

- Full-time students should have this form completed and returned [no later than the end of the 1st of registration.](#)
- Please ensure both parties read and understand the [Graduate Supervision-Responsibilities and Expectations Policy](#)

Candidate: _____ Student #: _____

Candidate email: _____ Candidate signature: _____

Thesis topic: _____

Thesis Supervisor: _____
Name Email

Thesis Supervisor signature: _____ Date: _____

Co-Thesis Supervisor: _____
(if applicable) Name Email

Co-Thesis Supervisor signature: _____ Date: _____
(if applicable)

Graduate Director signature: _____ Date: _____

Please email completed form to grad.scs@carleton.ca

This is not a registration form. Students must still register.