

*THIS FORM MUST BE COMPLETED BY STUDENT AND SUPERVISOR AND RETURNED WITH AN ABSTRACT TO  
THE GRADUATE SEMINAR COORDINATOR (EDINA SANDLER)  
IN ORDER TO BE ALLOWED TO SCHEDULE A PRESENTATION IN THE GRADUATE SEMINAR SERIES*

## **Abstract Approval For OCICS Graduate Seminar Series**

**SCHOOL OF COMPUTER SCIENCE  
CARLETON UNIVERSITY**

**Student #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Name** \_\_\_\_\_  
*PLEASE PRINT*

**Student's Email** \_\_\_\_\_  
*PLEASE PRINT*

**Signature of Student:** \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_  
*PLEASE PRINT*

By signing this form, the student and the supervisor confirm that they have reviewed the **attached abstract** to be used by the student for presentation in the OCICS graduate seminar series.

**Abstract approved:**            **YES**            **NO**

**Signature of thesis supervisor:** \_\_\_\_\_

**Scheduled Date:** \_\_\_\_\_

**Authorized:** \_\_\_\_\_  
**Edina Sandler**

**Date:** \_\_\_\_\_