

*THIS FORM MUST BE COMPLETED AND RETURNED WITH AN ABSTRACT TO  
CLAIRE RYAN 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:** \_\_\_\_\_