

School of Computer Science
M.C.S. Thesis Committee Specification Form

APPENDIX 10

This form must be submitted with a minimum of 5 thesis copies (extra if there are co-supervisors) and a signed “Thesis Supervisor’s Approval Form”.

Date request submitted: _____

Candidate: _____ Supervisor(s): _____

I. Committee Members:

Thesis Supervisor is responsible for **CONTACTING** and **CONFIRMING** the following members. (Note: Defence committee members must have OCICS membership)

1. One additional OCICS member from the School: _____
2. one OCICS member from SITE: _____
Name email address
3. Chair of defence: _____

II. Defence scheduled for :

The Thesis Supervisor is responsible for **confirming that all members** are available for this date/time. This information must be provided at least **3 weeks** before the proposed date.

Specific date _____ Time _____ Room _____

Booked: _____

FOR OFFICE USE ONLY

Thesis Supervisor’s Approval Form _____

Applied to Graduate _____

Forms to student _____

Reminder to include student in emails when setting up date/time

Requirements Completed: _____

Thesis copies distributed: _____

Parking Pass Sent to SITE: _____