



DEPARTMENT OF COMPUTER SCIENCE

# Report on the Ph.D. Yearly Supervisory Committee Meeting

## Information to be completed by the student and/or supervisor:

### Email Addresses:

Student's Name:

Student Number:

Committee Members:	<input type="text"/>	(Supervisor)	<input type="text"/>
	<input type="text"/>	(Chair)	<input type="text"/>
	<input type="text"/>	(Member)	<input type="text"/>
	<input type="text"/>	(Member)	<input type="text"/>
	<input type="text"/>	(Member)	<input type="text"/>

Date/Time of Exam:

Seminar Room:

Thesis Title (if known) :

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**Please submit this form to the Graduate Office at least two (2) weeks prior to the proposed date of meeting. Thank you.**

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## To be completed by Graduate Secretary:

Date Submitted to Graduate Office:

Received by: