## WATERLOO | CHERITON SCHOOL OF COMPUTER SCIENCE

## **Student Information Form**

Please complete the following document and return it to the Computer Science Graduate Office in DC 2599 by the end of the first month of term.

Name:

UW ID #:		
UW User ID:		
Office:		
Note: All email from the School and Laccount automatically	University Sources wi	ll be sent to your <u>UWuserID@uwaterloo.ca</u>
	Watcard Picture (	<u>Consent</u>
I give consent for my Watcard pictur for restricted use by the Graduate Di	•	e Computer Science Graduate Office database r Science Graduate Office Staff
	YES	NO
	Website Conten	t Form
Due to privacy laws, we must have st number in the Student Directory on		to post your name, office, and office phone ter Science website.
I permit my information to be posted	d on the School of Co	mputer Science website.
	YES	NO
Signature:		
Date:		