



Graduate Office  
 David R. Cheriton School of Computer Science  
 DC 2599  
 cs-gradoffice@uwaterloo.ca

## PhD Seminar Requirement Form

Complete the form each time you give a **publicly announced departmental seminar** with the supervisor and at least one other CS faculty member in attendance. Return this form to the CS Graduate Office after each seminar is approved.

**Student:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**1. Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval signatures		
Supervisor's Signature:		Date:
CS Faculty Member:	Signature:	Date:

**2. Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval signatures		
Supervisor's Signature:		Date:
CS Faculty Member:	Signature:	Date:

**3. Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approval signatures		
Supervisor's Signature:		Date:
CS Faculty Member:	Signature:	Date:

Approval signature (to be signed once all three seminars have been given)	
Graduate Director:	Date:

GSO: Please credit student with PhD Seminar Requirement
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