

**SCHOOL OF COMPUTER SCIENCE
CARLETON UNIVERSITY**

**GRADUATE PROJECT PRESENTATION
APPROVAL FORM**

*This form must be completed and returned to the graduate Administrator
AT LEAST 2 WEEKS prior to the scheduled presentation.*

Student Number: _____

Student's Name: _____

Student's Email: _____

Signature of Student: _____

Date Requested for Presentation: _____

Supervisor's Name: _____ **Signature:** _____

Supervisor's Name: _____ **Signature:** _____

SCS Faculty Member: _____ **Signature:** _____

Note: All students in the Project Option are required to present their project work in a Department Seminar. The Department Seminar will be open to the public and must be attended by the Supervisor(s) and one additional member of the Computer Science faculty.