THIS FORM MUST BE COMPLETED AND RETURNED TO THE GRADUATE SEMINAR COORDINATOR IN SITE AT LEAST 1 WEEK BEFORE A STUDENT WILL BE PERMITTED TO PRESENT IN THE GRADUATE SEMINAR SERIES

PRESENTATION APPROVAL FORM

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Student's Name	PLEASE PRINT
Signature of Studer	nt:
Date reserved for p	resentation:
Supervisor's Name	PLEASE PRINT
Supervisor's Signat	ture
Date:	
slides to be used by t	the student and the supervisor attest that they have reviewed the student for presentation in the OCICS graduate seminar series these slides meet OCICS standards for both form and content.
Signature of the Cr	raduata Saminar Coordinator: