

*THIS FORM MUST BE COMPLETED AND RETURNED WITH AN ABSTRACT TO
MIRELLA AIELLO IN SITE
IN ORDER TO BE ALLOWED TO SCHEDULE A PRESENTATION IN THE GRADUATE SEMINAR SERIES.
THIS FORM MUST BE SUBMITTED BEFORE BEING ALLOWED TO REGISTER IN CSI5902.*

REQUEST FOR PARTICIPATION IN THE OCICS GRADUATE SEMINAR SERIES

**SCHOOL OF INFORMATION TECHNOLOGY & ENGINEERING
UNIVERSITY OF OTTAWA**

Student #: _____ **Date:** _____

E-mail: _____

Student's Name _____
PLEASE PRINT

Signature of Student: _____

Supervisor's Name _____
PLEASE PRINT

Supervisor's Signature _____

By signing this form, the student and the supervisor confirm their agreement that **attached abstract** will be used by the student for presentation in the OCICS graduate seminar series.

Initial term/year of registration : _____
list term/year (e.g. Fall 2002)

Expected term/year of completion for all program requirements: _____
(including thesis or project) list term/year (e.g., Spring 2004)

This student _____ **should** _____ **should not**
be granted permission to register in CSI 5902 and/or book a presentation time.

Signature of OCICS Graduate Seminar Coordinator: _____