

*THIS FORM MUST BE COMPLETED AND RETURNED WITH TO THE GRADUATE SEMINAR COORDINATOR OR THE GRADUATE OFFICE 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 ELECTRICAL ENGINEERING & COMPUTER SCIENCE  
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 for the student participation in the OCICS graduate seminar series.

**Initial term/year of registration:** \_\_\_\_\_  
list term/year (e.g. Fall 2012)

**Expected term/year of completion for all program requirements:** \_\_\_\_\_  
**(including thesis or project)** list term/year (e.g. Fall 2012)

**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:** \_\_\_\_\_