University of Waterloo

Graduate Office
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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

July/2013