School of Computer Science  
M.C.S. Thesis Committee Specification Form

This form must be submitted with a minimum of 5 thesis copies (extra if there are co-supervisors) and a signed “Chair/Supervisor Authorization Form”.

Date request submitted: _______________________

Candidate: ___________________________  Supervisor(s): ___________________________

I. Committee Members:
Thesis Supervisor is responsible for CONTACTING and CONFIRMING the following members. (Note: Defence committee members must have OCICS membership)

1. One additional OCICS member from the School: ___________________________

2. One OCICS member from SITE: ___________________________
   Name  email address

3. Chair of defence: ___________________________

II. Defence scheduled for:

The Thesis Supervisor is responsible for confirming that all members are available for this date/time. This information must be provided at least 3 weeks before the proposed date.

Specific date ________________ Time ________________ Room _______

Booked: _______

FOR OFFICE USE ONLY
Thesis Supervisor’s Approval Form _____  Requirements Completed: _______
Applied to Graduate _____  Thesis copies distributed: _______
Forms to student _____  Parking Pass Sent to SITE: _______
Reminder to include student in emails when setting up date/time