



**COLLEGE of ENGINEERING
AND PHYSICAL SCIENCES**
SCHOOL OF COMPUTER SCIENCE

PhD Seminar # Request Form

Student Name:

ID:

Title:

Proposed Dates/Times for the Seminar:

Seminar to be maximum 90 minutes (30 -40 minutes for oral presentation and the remainder for questions)

SoCS Advisor's signature:

Date:

Seminar Committee: (To be composed of SoCS Advisor, who will act as Chair, the Application Discipline Advisor and at least one other Graduate Faculty Member)

SoCS Advisor:

Application Discipline Advisor:

Graduate Faculty Member:

Graduate Faculty Member:

Graduate Faculty Member: