



**University
of Manitoba**

Department of
Computer Science

**Booking M.Sc.
Thesis Defense**

Student Name (LAST, First) _____ Student Number _____

Thesis Title: _____

Has M.Sc. Thesis Title & Appointment of Examiners form been submitted: _____

Defense Date and Time: _____

Defense Location, or Online: _____

Advisor: _____ Dept: _____

Co-Advisor: _____ Dept: _____

Examiner: _____ Dept: _____

Examiner: _____ Dept: _____

Examiner: _____ Dept: _____

Abstract: _____
