



**University  
of Manitoba**

Department of  
Computer Science

Candidacy Examination  
Booking Form

Student Name (LAST, First) \_\_\_\_\_ Student Number \_\_\_\_\_

Tentative Thesis Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Defense Date and Time: \_\_\_\_\_

Defense Location, or Online: \_\_\_\_\_

Advisor: \_\_\_\_\_ Dept: \_\_\_\_\_

Co-Advisor: \_\_\_\_\_ Dept: \_\_\_\_\_

Examiner: \_\_\_\_\_ Dept: \_\_\_\_\_

Examiner: \_\_\_\_\_ Dept: \_\_\_\_\_

Examiner: \_\_\_\_\_ Dept: \_\_\_\_\_