



**University  
of Manitoba**

Department of  
Computer Science

**Booking M.Sc. Thesis Defense  
(must be submitted 2 weeks  
prior to 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: