



**University
of Manitoba**

Department of
Computer Science

**Candidacy Examination Booking
Form (must be submitted 2 weeks
prior to exam)**

Student Name (LAST, First) _____ Student Number _____

Tentative Thesis Title: _____

Exam Date and Time: _____

Exam Location, or Online: _____

Advisor: _____ Dept: _____

Co-Advisor: _____ Dept: _____

Examiner: _____ Dept: _____

Examiner: _____ Dept: _____

Examiner: _____ Dept: _____

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