

**ACADIA UNIVERSITY  
JODREY SCHOOL OF COMPUTER SCIENCE**

**Masters Supervision Form**

**Student's Last Name:** \_\_\_\_\_

**Student's First Name** \_\_\_\_\_

**Student's Number:** \_\_\_\_\_

**Student's E-mail Address** \_\_\_\_\_

**Program Start Date** \_\_\_\_\_

**Proposed Thesis Title:** \_\_\_\_\_

**Expected Completion Date:** \_\_\_\_\_  
(Month) (Year)

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Students:**

When you have the following form completed, please take it to the Computer Science Office (Carnegie #310).