

**Faculty of Mathematics and Science** Department of Computer Science

**Brock University** Niagara Region 500 Glenridge Ave. St. Catharines, ON L2S 3A1 Canada T 905 932 1155

## Master of Science in Computer Science

## **Research Form**

brocku.ca

First Name	Last Name	
Please provide an overview of research interest	ts in order of preference:	
1. Area of Research		
Proposed Supervisor		
Has the supervisor been contacted? Tes	Νο	
2. Area of Research		
Proposed Supervisor		
Has the supervisor been contacted?	No	

## Statement of Research Interest

Applicants must submit a statement of interest describing in detail the research activities they plan to pursue during their graduate studies. Also include information regarding previous academic and industrial experience (if any), and plans for future work in the area.