Colloquium Attendance Form for BME

Student Name (First, M.I., Last):

GWID: ___________________________ Degree (Circle One): MS or Ph.D.

Email: ___________________________

Seminar #1:
Speaker Name: ____________________
Talk Title: ________________________
Verified By: _______________________
Name: ___________________________ Signature: _______________________

Seminar #2:
Speaker Name: ____________________
Talk Title: ________________________
Verified By: _______________________
Name: ___________________________ Signature: _______________________

Seminar #3:
Speaker Name: ____________________
Talk Title: ________________________
Verified By: _______________________
Name: ___________________________ Signature: _______________________

Seminar #4:
Speaker Name: ____________________
Talk Title: ________________________
Verified By: _______________________
Name: ___________________________ Signature: _______________________

Seminar #5:
Speaker Name: ____________________
Talk Title: ________________________
Verified By: _______________________
Name: ___________________________ Signature: _______________________

I hereby endorse that the student named above satisfied the degree requirement of attending at least five sponsored seminars during the course of study for the above degree.

Advisor Name: ____________________ Signature: _______________________

Submit to the Graduate Student Services area on the 2nd floor of the Science and Engineering Hall

Updated 11/21/17