The George Washington University
ECE Colloquium Attendance Form

Student Name (First, Last): _______________________________________________________________
GW ID: _____________________________ Degree (check one): MS:____, PhD:____, Professional/Applied Scientist:____
E-Mail: _________________________________ Phone Number:______________________________

Seminar # 1:

Speaker Name: ___________________________________________ Date:_____________________
Talk Title:__________________________________________________________________________
Verified by :
Name:_____________________________________ Signature:________________________________

Seminar # 2:

Speaker Name:_________________________________________ Date:_____________________
Talk Title:__________________________________________________________________________
Verified by :
Name:_____________________________________ Signature:________________________________

Seminar # 3:

Speaker Name:_________________________________________ Date:_____________________
Talk Title:__________________________________________________________________________
Verified by :
Name:_____________________________________ Signature:________________________________

Seminar # 4:

Speaker Name:_________________________________________ Date:_____________________
Talk Title:__________________________________________________________________________
Verified by :
Name:_____________________________________ Signature:________________________________

Seminar # 5:

Speaker Name:_________________________________________ Date:_____________________
Talk Title:__________________________________________________________________________
Verified by :
Name:_____________________________________ Signature:________________________________

Doctoral Students Only: Seminar presented

Event/Conference Name:__________________________________ Date:_____________________
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 completed form to the ECE Department on the 5th Floor of the SEH Building
Seminars must be verified by ECE Faculty or Speaker (if there are no faculty present)