



*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 2<sup>nd</sup> floor of the Science and Engineering Hall***