

**The George Washington University
ECE Colloquium Attendance Form**

Student Name (First, M.I., 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: _____

Seminar presented by PhD candidate student:

Speaker 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