

ECE Colloquium Attendance Form

Student Information			
Student Name (First, Last)			
GWID		Degree (check one)	MS:___ Ph.D:___
E-Mail			

Seminar # 1			
Speaker Name:		Date:	
Talk Title:			
Verified by:		Signature:	
Seminar # 2			
Speaker Name:		Date:	
Talk Title:			
Verified by:		Signature:	
Seminar # 3			
Speaker Name:		Date:	
Talk Title:			
Verified by:		Signature:	
Seminar # 4			
Speaker Name:		Date:	
Talk Title:			
Verified by:		Signature:	
Seminar # 5			
Speaker Name:		Date:	
Talk Title:			
Verified by:		Signature:	
Doctoral Students Only: Seminar presented			
Event/Conference Name:		Date:	
Talk Title:			
Verified by:		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: _____

Seminars must be verified by ECE Faculty or Speaker (if there are no faculty present)

<p>Return completed form to: ECE Department Science & Engineering Hall 5000 ece@gwu.edu</p>
