

SEMINAR ATTENDANCE VERIFICATION FORM:

FALL 20__ Spring 20__

Enrolled in: ME 590 _____ or TAM 500 _____

DATE

Seminar Time

_____, _____ attended the following seminar:
STUDENT NAME UIN (UIN is required)

_____, sponsored by _____
SEMINAR TITLE DEPARTMENT NAME

_____ SEMINAR HOST (Please Print)

_____ SIGNATURE

Return to the Graduate Programs Office (166 MEB)