SEMINAR ATTENDANCE VERIFICATION FORM:

FALL 20___      Spring 20___

Enrolled in:  ME 590 _____or TAM 500 _____

__________________________, _________________

DATE                            Seminar Time

________________________________________________

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

________________________________________________

SEMNAR TITLE, sponsored by ___________________

____________________________________________

________________________________________________

DEPARTMENT NAME

____________________________________________

SEMINAR HOST (Please Print)                SIGNATURE

Return to the Graduate Programs Office (166 MEB)