



Student Name:

Student ID:

Date:

Title:

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Examination Committee:

Advisor

Signature

☐

Pass

☐

Fail

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Advisory Committee Member    Signature

☐

Pass

☐

Fail

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Advisory Committee Member (optional)    Signature

☐

Pass

☐

Fail

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This student has

☐

PASSED

☐

FAILED the seminar.

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Graduate Coordinator

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Date