



**COLLEGE of ENGINEERING
AND PHYSICAL SCIENCES**

SCHOOL OF COMPUTER SCIENCE

PhD Seminar 1 Grading Form

Student Name:

Student ID:

Date:

Title:

Committee:

Role

Faculty Name

Signature

SoCS Advisor	<hr/>	Pass	Fail
AD Advisor	<hr/>	Pass	Fail
Graduate Faculty Member	<hr/>	Pass	Fail
Advisory Committee Member (optional)	<hr/>	Pass	Fail

This student has PASSED FAILED the seminar.

Graduate Coordinator

Date