



**COLLEGE of ENGINEERING  
AND PHYSICAL SCIENCES**

SCHOOL OF COMPUTER SCIENCE

**PhD Seminar 2 Grading Form**

**Student Name:**

**Student ID:**

**Date:**

**Title:**

**Committee:**

**Role**

**Faculty Name**

**Signature**

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

***This student has      PASSED      FAILED the seminar.***

---

**Graduate Coordinator**

---

**Date**