MSc Seminar Grading Form
School of Computer Science

UNIVERSITY of GUELPH

Student Name: **Student ID:**

Date:

Title:

Examination Committee:

Role	**Faculty Name**	**Signature**
Advisor		☐ **Pass** ☐ **Fail**
Advisory Committee Member		☐ **Pass** ☐ **Fail**
Advisory Committee Member (Optional)		☐ **Pass** ☐ **Fail**

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

_____   _____

Graduate Coordinator   **Date**