



PhD Seminar 1 Grading Form

School of Computer Science

Student Name:

Student ID:

Date:

Title:

Committee:

Role

Faculty Name

Signature

SoCS Advisor

☐ Pass

☐ Fail

AD Advisor

☐ Pass

☐ Fail

Graduate Faculty Member

☐ Pass

☐ Fail

Advisory Committee Member (optional)

☐ Pass

☐ Fail

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

Graduate Coordinator

Date