



PhD Seminar 2 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