PhD Seminar Requirement Form

Complete the form each time you give a **publicly announced departmental seminar** with the supervisor and at least one other CS faculty member in attendance. Return this form to the CS Graduate Office after each seminar is approved.

Student: ___________________  ID: _______________  Supervisor: ___________________

1. **Title:** ___________________________________________  **Date:** _______________

   **Approval signatures**
   Supervisor’s Signature:  
   Date: 
   CS Faculty Member:  Signature:  
   Date: 

2. **Title:** ___________________________________________  **Date:** _______________

   **Approval signatures**
   Supervisor’s Signature:  
   Date: 
   CS Faculty Member:  Signature:  
   Date: 

3. **Title:** ___________________________________________  **Date:** _______________

   **Approval signatures**
   Supervisor’s Signature:  
   Date: 
   CS Faculty Member:  Signature:  
   Date: 

**Approval signature** (to be signed once all three seminars have been given)

Graduate Director:  
Date: 

GSO: Please credit student with PhD Seminar Requirement

July/2013