

Seminar Attendance Verification Form:

FALL 20__ Spring 20__

Enrolled in ME 590 __ or TAM 500 __

Student Name: _____ UIN: _____

Date: _____

Seminar Time: _____

Seminar Title:

Hosting Department: _____

Seminar Host Name: _____

Seminar Host Signature: _____

Summary of the Seminar (5-8 sentences required):
