

**SEMINAR ATTENDANCE VERIFICATION FORM:**

**FALL 20** \_\_\_ **Spring 20** \_\_\_

**Enrolled in: ME 590** \_\_\_\_\_ **or TAM 500** \_\_\_\_\_

\_\_\_\_\_

DATE

\_\_\_\_\_

Seminar Time

\_\_\_\_\_, \_\_\_\_\_ attended the following seminar:  
STUDENT NAME UIN (UIN is required)

\_\_\_\_\_, sponsored by \_\_\_\_\_  
SEMINAR TITLE DEPARTMENT NAME

\_\_\_\_\_  
SEMINAR HOST or attendance monitor  
(Please Print)

\_\_\_\_\_  
SIGNATURE

Return to the Graduate Programs Office via e-mail, [mchse-grad@illinois.edu](mailto:mchse-grad@illinois.edu)