

PERSONAL RECORD OF 920 SEMINAR ATTENDANCE

STUDENT NAME: _____

DEGREE SOUGHT: _____

(Presence verified by initials of any attending CBMS Graduate Faculty member)

- 1. Initial: _____ Date: _____ Presenter: _____
- 2. Initial: _____ Date: _____ Presenter: _____
- 3. Initial: _____ Date: _____ Presenter: _____
- 4. Initial: _____ Date: _____ Presenter: _____
- 5. Initial: _____ Date: _____ Presenter: _____
- 6. Initial: _____ Date: _____ Presenter: _____
- 7. Initial: _____ Date: _____ Presenter: _____
- 8. Initial: _____ Date: _____ Presenter: _____

(Attendance requirement Completed for MS Degree)
Return this form to Graduate Program Coordinator

- 9. Initial: _____ Date: _____ Presenter: _____
- 10. Initial: _____ Date: _____ Presenter: _____
- 11. Initial: _____ Date: _____ Presenter: _____
- 12. Initial: _____ Date: _____ Presenter: _____

(Attendance requirement Completed for PhD Degree)
Return this form to Graduate Program Coordinator

This sheet is an official document of the Comparative Biomedical Sciences Graduate Degree Program. If found or misplaced, please immediately return to Graduate Program Coordinator, AHABS, 1656 Linden Drive, Madison WI, 53706.