

## Ph.D. Candidate Seminar Form

Name: \_\_\_\_\_ SID: \_\_\_\_\_

Dissertation Title: \_\_\_\_\_  
\_\_\_\_\_

Date of Seminar: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

The following Dissertation Committee Members' have been notified:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Dissertation Chair

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
ME Faculty

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Outside Member