

COE 390 Seminar Fall 2005 (Semester 051)

Student name: _____ ID: _____

After the form has been **completed in its entirety**, please sign below and return to me. *I certify that all the information on this page is authentic and accurate.* Student signature: _____

Seminar 1:

Title: _____

Speaker: _____

Department & Location: _____

Coordinator Name: _____

Coordinator Signature & Date: _____

Seminar 2:

Title: _____

Speaker: _____

Department & Location: _____

Coordinator Name: _____

Coordinator Signature & Date: _____

Senior Project:

Title: _____

Speaker: _____

Coordinator Signature: _____

Date: _____