

Graduate Student Annual Review Electrical and Computer Engineering Department

Student Name:		Degree		
		(MENGr., MS,		
		PhD:		
Review Date:		Advisor Name:		
Graduate student must fill out each section of this form and the advisor should review, comment,				
and meet with student. Completed form should be submitted to the ECE Office.				
Seminars Attended provide the information on the second page of this form.				
Accomplishments (List & describe at least 3)				
Challenges (List & describe at le	ast 3)			
Personal Growth: New Skills/Competencies I have Acquired / Important Experiences I've Gained /				
Relationships I've Built That Aid	My Productive Capability			
Goals for the upcoming year:				
Goals for the upcoming year.				
Advisor's Comments				
Comments from Graduate Com				
Comments from Graduate Com	mittee			
Student Signature/Date:				
Advisor's Signature/Date:				

SEMINAR INFORMATION

Statement: I hereby acknowledge that I have completed the activities listed below in partial fulfilment of the ECE 910 Graduate Seminar course requirements.

Student Signature/Date:

Seminar Speaker: Presentation Title: Seminar Date: In Person Online Location: SEMINAR TWO Seminar Date: In Person Online Location: Seminar Date: In Person Online Location: SEMINAR THREE Seminar Speaker: Presentation Title: Seminar Date: In Person Online Location: SEMINAR THREE Seminar Date: In Person Online Location: SEMINAR FOUR Seminar Title: Seminar Title: Seminar Title: Seminar Title: Seminar Date: In Person Online Location:	SEMINARS ATTENDED			
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In Person Online Location:	Presentation	Title:		
	In Person	Online	Location:	