



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)**

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**Challenges (List & describe at least 3)**

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**Personal Growth: *New Skills/Competencies I have Acquired / Important Experiences I've Gained / Relationships I've Built That Aid My Productive Capability***

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**Goals for the upcoming year:**

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**Advisor's Comments**

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**Comments from Graduate Committee**

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<b>Student Signature/Date:</b>
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<b>Advisor's Signature/Date:</b>
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## SEMINAR INFORMATION

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

**Student Signature/Date:**

### SEMINARS ATTENDED

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

### STUDENT PRESENTATION

Date:		
Event Name:		
Presentation Title:		
In Person	Online	Location: