



Research Presentation Requirement

Student Name: _____

Student's Signature: _____

Date of talk: _____

Place of talk: _____

Results (Pass/Fail): _____

Director of Graduate Studies Signature: _____

Faculty that attended talk (requires at least 3 faculty members to attend)

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Title of presentation:

Short Abstract:

