

UG Thesis Seminar Attendance

SECTION	I 1 – STUDEN	IT INFORMATION				
			STUDENT NUMBER:			
FAMILY NAME: GIVE				NAMES:		
PROGRAM	1:		SEMEST	ER:		
0505101						
SECTION 2 – ATTENDANCE						
DAY/ TIME	ROOM	TITLE of SEMINAR	RATING ABCD	SUPERVISOR or ASSESSOR NAME	SUPERVISOR or ASSESSOR SIGNATURE	
** NOTE** 1. Student must attend at least six (6) seminars.						
2. F	Ratings: A=GF	REAT> D=NOT GOOD				
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		IT DECLARATION				
I hereby de	clare that the	above information is correct.				
Student's Signature:				Date:		
SECTION	I 4 – STUDEN	IT OFFICE APPROVAL				
	П Д	PROVED	/ED			
COMMENT		TROVED — ROTALTROV				
APPROVED BY:						
SIGNATURE:						
DATE: STUDENT NOTIFIED:						