



Department of Chemistry and Biochemistry
Fourth-Year Seminar Assessment

Student Name: _____

Committee Chair: _____

Date and Time of the Presentation: _____

Title of the
Presentation: _____

Anticipated Date of Graduation: _____

Key Experiments/Papers to Complete: _____

Chair of the Committee: Please provide a summary of the student's committee meeting. If any concerns were raised by the committee, please address below.

Student reads comments and both advisor and student sign below.

Student Signature: _____

Chair Signature: _____

Committee Signatures: _____