

Please return this form by email to grad.med@uOttawa.ca
or in person to the Faculty of Medicine Graduate and Postdoctoral Studies Office (RGN 2016).

STUDENT IDENTIFICATION

STUDENT NAME _____	STUDENT NUMBER _____
NAME OF SUPERVISOR _____	NAME OF CO-SUPERVISOR (IF APPLICABLE) _____
YEAR OF STUDY _____	FIRST TERM OF ENROLMENT (YYYY-MM) _____

SEMINAR COURSE

<input type="checkbox"/> CMM8324 (MSc)	<input type="checkbox"/> NSC8324 (MSc)	<input type="checkbox"/> BCH5366 (MSc)	<input type="checkbox"/> MIC5366 (MSc)	<input type="checkbox"/> EPI5366 (MSc)
<input type="checkbox"/> CMM8325 (PhD)	<input type="checkbox"/> NSC8325 (PhD)	<input type="checkbox"/> BCH8366 (PhD)	<input type="checkbox"/> MIC8366 (PhD)	

**CONTACT THE GRADUATE PROGRAM DIRECTOR FOR ANY QUESTIONS ABOUT ACCEPTABLE SEMINARS.
STUDENTS SHOULD CONSULT THE REQUIREMENTS OF THE PROGRAM TO WHICH THEY ARE ENROLED.**

#1	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#2	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#3	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#4	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#5	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#6	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#7	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#8	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#9	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#10	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE

STUDENT SEMINAR REPORT (CONTINUATION)

#11	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#12	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#13	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#14	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#15	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#16	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#17	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#18	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#19	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE
#20	_____	_____	_____	_____
	SEMINAR DATE	SEMINAR SERIES	SPEAKER'S NAME AND AFFILIATION	SEMINAR TITLE

SIGNATURES

SIGNATURE (STUDENT)

DATE (YYYY-MM-DD)

SIGNATURE (SUPERVISOR)

DATE (YYYY-MM-DD)

SIGNATURE (CO-SUPERVISOR)

DATE (YYYY-MM-DD)