

# Student Seminar Report

Please return this form by email to [grad.med@uOttawa.ca](mailto:grad.med@uOttawa.ca).

## Student Identification

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

## Seminar Course

- CMM 8324 (MSc)  
  NSC 8324 (MSc)  
  BCH 5366 (MSc)  
  MIC 5366 (MSc)  
  EPI 5366 (MSc)  
  MED 5301 (MSc)  
 CMM 8325 (PhD)  
  NSC 8325 (PhD)  
  BCH 8366 (PhD)  
  MIC 8366 (PhD)  
  EPI 8166 (PhD)

## List of Attended Seminars

Contact the graduate program director for any questions about acceptable seminars. Students should consult the [requirements of the program](#) to which they are enrolled.

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)