

## Seminar Attendance Form McGill Department of Microbiology and Immunology

Graduate students in Microbiology and Immunology are required to attend ten scientific seminars each term. Students must attend the seminars from the Infection and Immunity Seminar Series offered by the Department. Students are permitted to attend external seminars, which may be any life sciences-related seminars held at McGill University or its affiliated centres (MUHC, LDI, IRCM) presented by principal investigators. Students are required to confirm attendance at these seminars by filling in the form and submitting it to the Student Affairs Coordinator ([grad.microimm@mcgill.ca](mailto:grad.microimm@mcgill.ca)) by the last day of the term.

**Name of student:** \_\_\_\_\_ **ID:** \_\_\_\_\_

1.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc.): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

2.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc.): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

3.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc.): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

4.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc.): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

***By signing this statement the student attests that he/she attended the seminars described here.***



5.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc...): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

6.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc...): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

7.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc...): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

8.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc...): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

9.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc...): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

10.) Speaker: \_\_\_\_\_ Title of seminar: \_\_\_\_\_

Date of seminar: \_\_\_\_\_ Time of seminar: \_\_\_\_\_

Location (Zoom, Skype etc...): \_\_\_\_\_ Hosting Department: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this statement the student attests that they/she/he attended the seminars described here.*