

**Department of Physics & Astronomy
University of Kansas**

**ORAL PRESENTATION
Form**

STUDENT NAME: _____

DATE: _____

TITLE: _____

VENUE: _____

FACULTY:
Print Name: _____ Signature; _____

FACULTY/Ph.D.:
Print Name: _____ Signature; _____

All graduate students have to give a seminar in the presence of at least one faculty and one Ph.D. doing research in the department every semester that they are enrolled.
Please fill and hand over to the Graduate Coordinator at the Physics Office