Seminar Review Form

Date _____

Name of Student Presenting Seminar _____

Printed Name

Written Comments of Faculty regarding quality of presentation. Please comment on the level of detail , scientific sophistication, organization and clarity of the presentation. Use additional sheets if necessary.

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The overall quality of the presentation was: ☐ Excellent ☐ Good ☐ Fair ☐ Poor .

Name of Faculty Member : _____

Printed Name Signature