UNIVERSITY OF ALBERTA

LABORATORY MEDICINE & PATHOLOGY
FACULTY OF MEDICINE & DENTISTRY

Pathologists' Assistant Program Seminar Record of Attendance

Year: Term:

Name: ID Number:

Date	Number of Hours	*Type of Seminar	Topic	Presenter's Name

***AHD:** Academic Half-Day; **CWPR**: City Wide Pathology Rounds; **LMPR:** LMP Rounds; **PAR:** Pathologists' Assistant Rounds

I declare that I attended the above seminars during the stated term. I understand that misrepresentation of this information may be considered an offence under the University of Alberta's Code of Student Behaviour.

Student Signature Date

******Submit to the LMP Grad Program (lmpgrad@ualberta.ca) at the end of each academic term (Fall, Winter, Spring/Summer).***