RUTGERS
Professional Science
Master's Program

Colloquium in Science & Technology Management
16:137:503(0) or 16:137:504(1)

Name: _____
Degree: _____
Concentration:_____
Admission Date:_____
Graduation Date:_____

Date	Lecture/Workshop/Event	PSM Event (y/n)

_____ has completed this program's requirements and has attended the minimum 12 Lectures/Workshops/Events for the satisfactory completion of the Colloquium requirement.

_____

PSM Program Director/Associate Director Date