## RESEARCH ADVISOR SELECTION Department of Chemistry

Please rank your choices below and return this form to the Graduate Office (Room 320) by the Friday before Thanksgiving. Do not fill in the shaded area until instructed to do so.

Studer	nt Name:	
I have ii	nterviewed and consulted witl	th the following faculty with respect to their research interests:
	Printed Name	Signature & Date
1.		
2.		
3.		
4.		
5.		
6.		
0.		
	1 <sup>st</sup> Choice:	Professor
	2nd Choice:	Professor
	Z <sup>w</sup> Choice.	Professor
	3 <sup>rd</sup> Choice:	Professor
	Maradaina will be Duckerson	
My advisor will be Professor		
My major area of interest will be  My desk will be located in room		
My office telephone extension will be		
	Room(s) I need key access to	
	Date	
	Advisor's Signature Student's Signature Student	
A 10 10 11 11 11 11 11 11 11 11 11 11 11		
Approved:  Associate Chair for the Graduate Program  Date		

cc: Chemistry Business Office Chemistry Main Office Major Advisor Student