

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.

Student Name: _____

I have interviewed and consulted with the following faculty with respect to their research interests:

	Printed Name	Signature & Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

1st Choice: Professor _____

2nd Choice: Professor _____

3rd Choice: Professor _____

My advisor will be Professor _____

My major area of interest will be (Analytical, Biological, Cem. Ed, Inorganic, Nuclear, Organic, Physical, Theory - Only 1) _____

My desk will be located in room _____

My office telephone extension will be _____

Advisor request key-card access via Key Portal _____

Date _____

Advisor's Signature

Student's Signature

Approved: _____
Associate Chair for the Graduate Program Date

cc: Chemistry Business Office
Chemistry Main Office
Major Advisor
Student