

# GRADUATE RESEARCH ADVISOR SELECTION FORM

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

I have met the following three faculty members and discussed their research:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I have chosen to work with: \_\_\_\_\_

I will specialize in:

Analytical

Biochemistry

Education

Inorganic

Organic

Physical

## Advisor Section

I agree to serve as Research Advisor to the student named above and in so doing certify that I have adequate time, space, and facilities available for the student to successfully complete their degree project.

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

It is expected that no faculty will have more than two students supported on departmental TA funds unless an equal number of students are supported through external funds. Please indicate how this student will be supported and explain any special circumstances.

\_\_\_\_\_  
Support (TA, RA, etc.)

\_\_\_\_\_  
Source of Funds

Additional Comments:

## Approval:

\_\_\_\_\_  
Graduate Coordinator

\_\_\_\_\_  
Date