



Research Advisor Selection Form

Instructions: Please identify your top three choices for Research Advisor, and return this form to the Graduate Student Coordinator in Hunter 215A no later than November 1, 2024.

Student Name:	<input type="text"/>
First choice	<input type="text"/>
Second choice	<input type="text"/>
Third choice	<input type="text"/>
Special comments	<input type="text"/>

By submitting this form, the student declares interest in joining the research group of **any** the advisors listed. The student also acknowledges that whenever possible, students are matched with their top preference, but **such preference is not guaranteed** unless specific arrangements are made in advance between the corresponding advisor and the Graduate Program Coordinator and/or Department Chair. **Only regular faculty from the Department of Chemistry are eligible to act as research advisors.**

Student's signature

To be completed by the department chair and assigned advisor:

Advisor assigned:

I agree to serve as this student's research advisor

Advisor's signature: Date:

I approve this assignment of research advisor

Department chair's signature: Date: