

## Departmental Form Research Advisor Selection

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**I have decided to work with Professor:** \_\_\_\_\_

He/she has agreed to accept me into his/her research group pending the Chair's approval.

**Division:**

Analytical  
Inorganic

Biochemistry  
Organic

Chemical Biology  
Physical

Chemical Education  
Chemical Physics

\_\_\_\_\_  
Lab/Room #

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Student Signature

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\_\_\_\_\_  
Printed Name of Research Advisor

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

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

**Submit this completed form electronically to the Senior Graduate Advisor**