

ADVISOR SELECTION FORM 2016
CHEMICAL ENGINEERING DEPARTMENT

Directions: All PhD / ScD / PhDCEP students should submit this form to the Student Office (66-366) by **Friday, December 9, 2016. This form will not be accepted without all of the required Faculty Signatures.**

STUDENT NAME: _____

Part 1: RECORD OF MEETINGS WITH POTENTIAL RESEARCH ADVISORS

As part of the Research Advisor selection process, I have discussed possible research projects with the following six Chemical Engineering faculty:

<u>Faculty Name (Please Print)</u>	<u>Date of Meeting</u>	<u>Faculty Signature</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

Part 2: ADVISOR & PROJECT SELECTION

FIRST CHOICE

Advisor Name: _____

Project Title: _____

Advisor Agreement: I hereby agree that if the student named above is assigned to me as one of the two doctoral students allowed by the Department, I will accept him/her as a doctoral student in my research group
(Advisor Signature, on or after December 2, 2016):

Signature

Date

SECOND CHOICE

Advisor Name: _____

Project Title: _____