

## ADVISOR SELECTION FORM 2015 CHEMICAL ENGINEERING DEPARTMENT

**Directions:** All PhD / ScD / PhDCEP students should submit this form to the Student Office (66-366) by **Wednesday, December 9, 2015**. This form will not be accepted without all of the required Faculty Signatures.

**STUDENT NAME:** \_\_\_\_\_

### I. 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</u>	<u>Faculty Signature</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

### II. ADVISOR & PROJECT SELECTION

#### 1. 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, 2015**) \_\_\_\_\_.

#### 2. SECOND CHOICE

Advisor Name: \_\_\_\_\_

Project Title: \_\_\_\_\_