SELECTION OF FACULTY RESEARCH ADVISOR
(Submit to the Graduate Education Office, 4404 TBBC)

Student Name: __________________________________________________________

I. Signature of faculty members interviewed (minimum of four)
   (1) ___________________________________________________________(date)
   (2) ___________________________________________________________(date)
   (3) ___________________________________________________________(date)
   (4) ___________________________________________________________(date)
   (5) ___________________________________________________________(date)
   (6) ___________________________________________________________(date)

II. List your top three choices for your research advisor.

   1st choice____________________________________________________
   2nd choice___________________________________________________
   3rd choice ___________________________________________________

III. ☐ This student has attended a Departmental Safety Seminar.
    ☐ This student has not attended a Departmental Safety Seminar, and the research advisor
        must assume responsibility for his/her lack of training.

IV. Approval by the Director of Graduate Studies

    _____________________________________________________________ (date)
    (Signature of Director)

V. Acceptance

    I agree to serve as the research advisor for the above student and am able to provide a
    research stipend to the student under the condition that he/she remains in good standing
    within the Department and makes satisfactory progress towards the MS or PhD degree.

    _____________________________________________________________ (date)
    (Signature of Advisor)

VI. Approval by the Department Chair

    _____________________________________________________________ (date)
    (Signature of Chair)