

**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.

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> 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

\_\_\_\_\_  
(Signature of Director)

\_\_\_\_\_  
(date)

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.

\_\_\_\_\_  
(Signature of Advisor)

\_\_\_\_\_  
(date)

VI. Approval by the Department Chair

\_\_\_\_\_  
(Signature of Chair)

\_\_\_\_\_  
(date)