

Research Director Selection
For Master's Degree Programs
Department of Chemistry and Biochemistry

_____ Student Name _____ Entering Term and Year

Faculty member, please sign at the time of interview:

This is to certify that the above student met with me on the date indicated to discuss possible areas for research under my direction.

_____ Faculty Member _____ Date

_____ Faculty Member _____ Date

_____ Faculty Member _____ Date

_____ Faculty Member _____ Date

Master's student, please complete:

I have selected _____ to be Faculty Research Director for my Master's thesis.

_____ Signed (Student) _____ Date

APPROVED:

_____ Faculty Research Director _____ Date

_____ Director of Graduate Study _____ Date

_____ Department Head _____ Date

This form is to be submitted to the Director of Graduate Study by the first Friday in December for those entering in the Fall term or by the last Friday in April for those entering in the Spring term.