



CHEMISTRY
at Illinois

DEPARTMENT OF CHEMISTRY

RESEARCH ADVISOR SELECTION FORM

Student's Name: _____ Area _____

Local Address: _____

Local Phone: _____ Email: _____

	Faculty Name (printed)	Date of Meeting/Presentation
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

You are not allowed to join a group until you have spoken with/attended the presentation of *at least six* faculty members and the group-joining date of **MONDAY, OCTOBER 28, 2024** has occurred. *Only your chosen research advisor may turn in this form* to his/her Area Office who will forward it to the Graduate Program Coordinator.

By signing this form, both the student and advisor agree to this advising arrangement. In addition, the student affirms that they have met with the faculty listed above, and they have received a satisfactory level of information about the expectations of the laboratory they intend to join.

Student Name: _____

Student Signature: _____

Faculty Research Advisor Name: _____

Faculty Research Advisor Signature: _____

New Lab Room: _____ Box: _____ Phone: _____

Date Form was Completed _____