ADVISOR SELECTION FORM 2018
CHEMICAL ENGINEERING DEPARTMENT

Directions: All PhD / ScD / PhDCEP students should submit this form to the Student Office (66-366) by Wednesday, December 12, 2018. 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:

<table>
<thead>
<tr>
<th>Faculty Name (Please Print)</th>
<th>Date</th>
<th>Faculty Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. ________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. ________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 3, 2018)
   ________________________________.

2. SECOND CHOICE
   Advisor
   Name:___________________________________________________________
   Project
   Title:_________________________________________________________________