

ADVISOR SELECTION FORM

CHEMICAL ENGINEERING DEPARTMENT

Directions: All PhD / ScD / PhDCEP students should submit this form to the Academic Office (66-366) by **December 19, 2025** 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:

<u>Faculty Name (Please Print)</u>	<u>Date</u>	<u>Faculty Signature</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

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 November 21, 2025**) _____.

2. SECOND CHOICE

Advisor Name: _____

Project Title: _____