| | First Name | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| SELECTION OF A RESEARCH | I DIRECTOR AND SAC COMMI | TTEE |
| Please follow these step-by-step instructions: | | |
| recommended that the student talk wit process is completed. The student is er | w student can only be made after October h at least three faculty members about res ncouraged to speak with faculty members o leted when the student turns in this compl | earch before the formal selection outside of their area of interest but |
| The following three faculty members h | ave discussed their research programs wit | th the student named above: |
| Name | Signature | |
| Name | Signature | Date |
| Name | Signature | Date |
| With Step 1 above completed, I agree to accept Student Name | | into my research program. |
| | | |
| Name | Signature | Date |
| Name Lab Phone Lab Loca | | Date |

Step 4 – SUBMITTING THIS FORM
This form must be completed in full and returned to the Chemistry Student Services Office