

CHEMISTRY DEPARTMENT
C-2
GRADUATE RESEARCH ADVISOR INTERVIEW FORM

STUDENT NAME: _____

I am interested in starting my _____ MS-thesis research
_____ Ph.D. thesis research

Interviewed faculty signatures (below):

Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have interviewed the above faculty members (at least 4) and have chosen

_____ as my faculty advisor.

I agree to act as research advisor to the above student. The student's "specialty area" for cumulative exams will be: _____.

Research Advisor signature _____ Date: _____

If co-advisor is selected, this person is _____

Co- Advisor signature _____ Date: _____

Departmental full-time Graduate Advisor **or** Department Head signature:

_____ Date: _____

Submit completed form to Graduate Affairs Committee Chairperson. Ph.D students must also submit Drexel forms D1, D2 & D5.