Selection of Advisor via Research Rotations

Name of Student: __________________________________________

Minimum of five faculty members interviewed. Have them sign below.

1. ______________________  4. ___________________________
2. ______________________  5. ___________________________
3. ______________________

1st Rotation Advisor: ________________________________
Start Date: _______________

2nd Rotation Advisor: ________________________________
Start Date: _______________

Choice of a major field of study or major option in the Program:
________________________________________________________________

******************************************************************
To the chosen faculty advisor:
Are you willing to assume full support for this student commencing with the time
he/she joins your group? Yes ________ No ________
Comments:
________________________________________________________________
Signature of chosen faculty advisor: ________________  Date: ________

Approval by Director on behalf of Macromolecular Science and Engineering:

Signature of Director: ________________  Date: ____________