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:
____________________________________

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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: _________

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Approval by Director on behalf of Macromolecular Science and Engineering:

Signature of Director: ______________________ Date: ____________