

UNIVERSITY OF CINCINNATI  
DEPARTMENT OF CHEMISTRY  
Report of Selection of Research Advisor

\_\_\_\_\_ (Student Name)

Faculty Interviews: All students must interview a minimum of 3 faculty members.

Signature of Faculty Member	Date of Interview
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

On the basis of these interviews I request permission to perform research towards a

\_\_\_\_\_ PhD / \_\_\_\_\_ MS degree in the research group of

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

\_\_\_\_\_  
Signature of Graduate Program Director

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Accepting Faculty Member

Date: \_\_\_\_\_