TEXAS TECH UNIVERSITY

Department *of* Chemistry & Biochemistry

Form for Recording Interviews with Prospective Research Advisors

To the Graduate Advisor, Department of Chemistry & Biochemistry:

I have consulted with the following three professors concerning research and have obtained their signatures at the time of the interviews:

_____ _____
Name/Signature of professor date

_____ _____
Name/Signature of professor date

_____ _____
Name/Signature of professor date

I have decided to work with Professor _____

and he/she has agreed to accept me into his/her research group.

Division:

☐ **Analytical** ☐ **Biochemistry** ☐ **Inorganic** ☐ **Chemical Education**
☐ **Organic** ☐ **Physical** ☐ **Theoretical** ☐ **Chemical Physics**

Lab/Room # _____ **Phone Number** _____

_____ _____
Printed Name of Student Student Signature

APPROVED:

_____ _____
Printed Name of Research Advisor Research Advisor Signature

_____
Date