



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 # _____

Printed Name of Student

Student Signature

Approved:

Research Advisor Signature

Date:

Printed Name of Research Advisor

Chair's Signature

Date:

Please return completed form to the Chemistry Graduate Office, room 037.