



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:

- |                                     |                                       |                                      |   |
|-------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Analytical | <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Inorganic   | <input type="checkbox"/> Chemical Education |
| <input type="checkbox"/> Organic    | <input type="checkbox"/> Physical     | <input type="checkbox"/> Theoretical | <input type="checkbox"/> 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.