



Graduate Thesis Advisor Form
Department of Chemistry
Indiana University-Purdue University Indianapolis

Instructions to the Student

This form is to be completed in the first semester of residence and returned to the Department Chair by October 21, 2005 (Fall) and March 4, 2006 (Spring). Make appointments with faculty members to discuss research opportunities before this deadline. Registration will not be permitted for subsequent semesters if this form is not submitted by the date listed above.

Student Name: _____

Select a Major Area: Analytical
 Biological
 Inorganic
 Organic
 Physical

Instructions to Prospective Thesis Advisors:

Please sign below to indicate that the above student discussed research opportunities in your group.

Faculty member signature: _____ Date: _____

Faculty member signature: _____ Date: _____

Faculty member signature: _____ Date: _____

Instructions to the Student:

Please prepare a list of preliminary choices of thesis advisor and return to Department Chair by October 21, 2005 (Fall) or March 3, 2006 (Spring).

First Choice: _____

Second Choice: _____

Third Choice: _____

Student signature: _____ Date: _____