

**Middle Tennessee State University
Department of Chemistry
Graduate Research Advisor
Selection Form**

Student Section:

I have interviewed the following three faculty members and have decided to work with _____.

1. _____
2. _____
3. _____

Student

Date

Advisor Section:

I agree to serve as Research Advisor to the student named above and in so doing certify that I have adequate time, space, and facilities available for the student to successfully complete his/her degree project.

Advisor

Date

Committee Approval:

Graduate Coordinator

Date