

Department of Chemistry
Change of RESEARCH ADVISOR form

Student Information (*please print*)

Name: _____

Area: _____

UIN: _____

Email: _____

Current Faculty Research Advisor:

(Please print)

(Signature)

New Faculty Research Advisor:

(Please print)

(Signature)

Semester in which prelim must be taken: _____ (in most cases no later than Fall of 4th year)

Semester in which ORP must be taken: _____ (in most cases, the ORP will still be in one of the two semesters of the 4th year. If the prelim is 4th year Fall, then ORP is 4th year Spring)

B&O Officer:

(Please print)

(Signature)

Date keys exchanged: _____

(Receiving room signature)

New Lab Room _____ MC/Box: _____

Probationary semester: _____ (no financial support beyond this semester unless satisfactory progress as determined by new research advisor)

Director of Graduate Studies: _____

(Signature)

Date form completed: _____

Please return this form to Graduate Student Services, 109 Noyes Lab, 244-4844