

**FACULTY INTERVIEWS WITH
NEW GRADUATE STUDENTS**

FALL 2015

Student Name: _____

Faculty Interviewed (to be signed by faculty at end of meeting):

Note: A minimum of three faculty signatures are required, however, we strongly encourage you to meet with additional faculty. Signatures on this sheet do not indicate preferences for research group placements of first-year students. Submit this form to Mrs. Susan Cheadle (102 BRL) by **Friday, October 30, 2015**.

SELECTION OF RESEARCH ADVISOR

Name: _____

These are my top three requests for a faculty advisor in rank order:

1. _____

2. _____

3. _____

Please return this form to Susan Cheadle (102 BRL) by **Friday, October 30, 2015.**