To the student: Selection of a research advisor requires attendance at the Faculty Seminar Series (CHEM 8901) in the Fall semester followed by discussion with individual faculty members. Complete this form with a faculty member and submit it to the Academic Programs Office (MoSE 2222K/L) by February 1.

**Research Advisor Selection**

I wish to accept __________________________ into my research program.

(student’s name, Print)

He/she will begin a research project in the area of

(provide 3-5 word description)

This project is currently supported by: __________________________ (provide funding agency)

I expect to support him/her by the following means:

<table>
<thead>
<tr>
<th>Upcoming Summer</th>
<th>GTA / GRA project #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upcoming Fall</td>
<td>GTA / GRA project #</td>
</tr>
</tbody>
</table>

I have ________ students supported as GTAs in spring (excluding current first year students). I expect to have ________ students supported as GTAs for the upcoming summer semester.

I expect to have ________ students supported as GTAs for the upcoming fall semester.

**Safety Training Requirements for Anticipated Research**

In addition to the core first-year Graduate Safety Training Program (Information Security and Protection, Introduction to Chemical Safety, and Introduction to Lab Safety), this student will also complete the following Specialized Laboratory Safety Courses prior to the start of his/her research (selections will be reviewed for appropriateness by the School’s Safety Committee).

**CHECK ALL THAT APPLY**

- Radioactive Materials
- Radiation producing equipment
- Carcinogens and Advanced Toxins
- Compressed Gases and Cryogens
- Laser safety
- General BioSafety
- Chemical inventory management (Chematix)
- Leave blank

Signature and date __________________________ (Student)

Signature and date __________________________ (Research advisor)

Print Name __________________________ (Research advisor)

Signature and date __________________________ (Co-Research advisor)

Print Name __________________________ (Co-Research advisor)

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**Approved / Declined**

Signature and date __________________________ (School Chair)

Core first-year Graduate Safety Training Program has been completed.

Signature and date __________________________ (School safety committee representative)

Specialized Graduate Safety Training requirements have been completed.

Signature and date __________________________ (School safety committee representative)