

Documentation of acceptance into a research group
School of Chemistry and Biochemistry, Georgia Institute of Technology

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:

Upcoming Summer GTA / GRA project # _____

Upcoming Fall GTA / GRA project # _____

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

- D Radioactive Materials
- D Radiation producing equipment
- D Carcinogens and Advanced Toxins
- D Compressed Gases and Cryogenics
- D Laser safety
- D General BioSafety
- D 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)

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)