

ROCHESTER INSTITUTE OF TECHNOLOGY
Rochester, New York 14623
Department of Materials Science & Engineering

FORM 1

INTERVIEWS WITH POTENTIAL RESEARCH ADVISORS

Thesis Option

In order to encourage substantial faculty-new graduate student interaction, you are **REQUIRED** to obtain at least four faculty signatures on the list below. You are **ENCOURAGED** to see many more than four faculty members.

These signatures should indicate that you have conversed with the given faculty member on research topics in their areas of interest. The visits may be as long or as short as agreeable to the parties involved. You may, of course, obtain signatures from those faculty members you have already seen.

When you have chosen your research advisor, return this completed form to the Chair of the Graduate Committee.

FACULTY SIGNATURE

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student's Name (Print): _____

Student's Signature: _____

I select the following research advisor: _____
Print Name

cc: Dean's Office (Student Personnel File)
Faculty Advisors
Student (Mail Folder)