ROCHESTER INSTITUTE OF TECHNOLOGY

Rochester, New York 14623

School of Chemistry & Materials Science

MS Program in Materials Science & Engineering

**Interviews with Potential Research Advisors and Committee Members**

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

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 Student’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I select the following research advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

I agree to serve as research advisor for this student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Member