## **ADVISOR PREFERENCE FORM FOR GRADUATE STUDENTS**

Student Name		Program Start Qtr/Year				
Area:	Biochemistry	Inorganic	Materials	Organic	Physical	
Participation ir	arch Participation or at least three research to or. Examples of active re	groups is required k		our preference for c	a primary	
	ing at least three group i -week lab rotation, includ	•	on a project			
Note: In the quare rotating wi	uarter of participation, stu th.	dents will enroll in	2.0 units of CHEM 5	95 with the faculty i	member they	
-	ences, please describe yo another sheet if you par	•		•	boxes below.	
1st Rotation — Fo	aculty Name:	Signatu	ure:	Date: _		
<b>2<sup>nd</sup> Rotation</b> — F	-aculty Name:	Signat	ure:	Date:		
<b>3</b> rd <b>Rotation</b> – F	aculty Name:	Signate	ure:	Date:		



## **Primary Advisor Preference**

Please rank your choices for your graduate research advisor in the section below. You must include a co-advisor preference if your primary advisor is outside of the Chemistry Department.

Return this form to the Staff Graduate Advisor no earlier than December 15, either via email (<a href="mailto:gradprog@chem.ucsb.edu">gradprog@chem.ucsb.edu</a>) or in-person (Building 232, Room 1004A).

1 <sup>st</sup> Choice	Advisor:		Co-Advisor*:					
2 <sup>nd</sup> Choice	Advisor:		Co-Advisor*:					
3 <sup>rd</sup> Choice	Advisor:		Co-Advisor*:					
* If applicable								
FOR DEPARTMENT USE ONLY								
	Primary Adv	visor:						
Co-Advisor (if applicable):								
Student's Signature		Primary Advisor's Signature	Co-Advisor's	Signature				
Approved:	Faculty Craduate Advisor	Ciara at usa		 Date				
	Faculty Graduate Advisor	Signature		Dale				