

**NORTHWESTERN UNIVERSITY
DEPARTMENT OF CHEMISTRY**

**Advisor Selection Form II
Faculty Advisor Preference**

Please provide the names of all faculty members with whom you would be pleased to work on your thesis research. You are required to submit a minimum of four names.

- 1.
- 2.
- 3.
- 4.
- 5.

You are welcome to comment on your faculty preferences (including possible joint research advisors) and on specific projects.

Name

Date

Return to:
Graduate Program Assistant
2145 Sheridan Rd. #K148