

Chemistry 5910 Registration Form

CHEMISTRY 5910 REGISTRATION FORM

Date: _____

Student's Name: _____ SID: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Semester Admitted: _____

Undergraduate Degree: _____ Year: _____ University: _____

Major: _____

RESEARCH INTEREST: _____

CAREER GOAL: _____

CURRENT EMPLOYMENT: _____ hr/wk

FACULTY MEMBERS INTERVIEWED (you must meet with at least three faculty):

<u>Name</u>	<u>Initials after Interview</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return the completed form to the Graduate Advisor before you join a research group.

For Graduate Advisor use only.

RESULTS OF PLACEMENT EXAMS (NT = Not Taken; P = Pass; RT = ReTake):

Analytical _____	Organic _____
Biochemistry _____	Inorganic _____
Biology _____	Physical _____

RESEARCH DIRECTOR: _____ DATE: _____