

Choice of Graduate Faculty Committee Form
Department of Chemistry – Eastern Kentucky University

Student _____

ID _____

Graduate Program Coordinator _____

Date _____

THESIS OPTION: Interview each faculty member about his/her research program. After each interview, request the faculty member to sign. Once interviews are complete, determine the faculty member that could be a potential advisor to discuss possible projects and ensure he/she is willing to supervise the project as faculty mentor.

INTERNSHIP OPTION: If an internship will be completed, interview each faculty member that would be willing to meet about the progress with the internship experience. One faculty will need to serve as the Faculty Mentor / Committee chair. It is highly encouraged to have one member from the host organization to serve on the committee.

COURSEWORK OPTION: If the coursework is chosen, a faculty committee will be needed in the final semester of the graduate program to review a student's curriculum to prepare a written and oral exit examinations.

*Faculty Member –

*Faculty Member –

*Faculty Member –

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*Faculty Member –

*Faculty Member –

*Faculty Member –

*Faculty Member –

*Print Last Name (after dash) and then signature above

Choice of Graduate Faculty Mentor (Print Name): _____

Graduate Student Signature/Date

Graduate Faculty Mentor Signature/Date

Program Coordinator Signature/Date

Chemistry Graduate Committee* (To be completed after finalizing the above information)

Committee Chair (Faculty Mentor)

Committee Chair Signature/Date

Committee Member

Member Signature/Date

Committee Member

Member Signature/Date

Committee Member

Member Signature/Date

Committee Member

Member Signature/Date

*The student must determine a chemistry faculty mentor with one additional committee member (where faculty mentor will serve as committee chair). The Graduate Program Coordinator will appoint a third committee member. If performing an internship, it is highly encouraged to have a fourth member from the host organization (if possible).

Graduate Program Coordinator Signature/Date

Department Chair Signature/Date

Return this form to the Graduate Program Coordinator by _____.