



**DEPARTMENT OF CHEMISTRY AND BIOCHEMISTRY
GRADUATE RESEARCH ADVISOR APPROVAL FORM**

Student's Name: _____ Student's Signature: _____

Z Number: _____ Date: _____

Degree: Ph.D. M.S. Program Entry Date (Semester/Year): _____

Graduate Research Advisor:

Major Research Advisor Signature Date

Co-research Advisor (if applicable) Signature Date

Graduate Research Advisor Approved by Department:

Graduate Program Committee Chair (Print name) Signature Date

Department Chair (Print name) Signature Date