



**LOYOLA UNIVERSITY CHICAGO
DEPARTMENT OF CHEMISTRY**

GRADUATE STUDENT– FACULTY INTERVIEW FORM

Directions:

1. Discuss possible research topics and interests with four faculty whose names appear on the list.
2. Have each faculty member you speak with sign this sheet.
3. Turn in this completed form to the Graduate Coordinator in the Chemistry Office (FH 125), and obtain a Research Director Agreement Form.

Student name (printed): _____

Student name (signed): _____

Faculty Signatures:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Signature

Date