SELECTION OF DISSERTATION LABORATORY FORM

This form is to be used to select a laboratory for research and to obtain agreement from all parties involved. Students may select their dissertation advisor after completion of the Spring Term of their first year, and no later than the end of the Summer term of the first year.

I hereby request that _____ be appointed as my Dissertation Advisor.

Advisory Committee members (please print):

_____ and _____

_____	_____	_____
Student's signature	Date	Student's name (please print)

Lab Location (bldg and room #): _____ Lab Phone Number_____

I agree to advise and support the student in pursuit of his/her academic goals.
In addition, I agree to financially support the student beginning _____

_____	_____
Dissertation Advisor's signature	Date

I agree to provide financial support for the above-named student should funds not be available from his or her dissertation advisor.

_____	_____	_____
Department Chair's printed name	Date	Department Chair's signature

---

PLEASE COMPLETE THE ABOVE AND RETURN TO CNUP ADMINISTRATIVE OFFICE
Patti Argenzio (E1448 BSTWR) or Joan Blaney (A210 LANGY)

Your dissertation advisor and advisory committee have been approved.

Graduate Program Co-Director: _____