



NYU Chemistry

## Dissertation Advisor Selection Form

Please indicate your first and second choices for Dissertation Advisor. Please have your first choice potential advisor sign this form indicating his/her willingness and commitment to accept you into his/her group.

**Note to faculty:** Your signature on this form indicates your commitment to accept this student to your group including available space and available funding sources.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

NYU ID: N \_\_\_\_\_ Email: \_\_\_\_\_@nyu.edu

### First Choice

\_\_\_\_\_  
Faculty Name (Printed)

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

### Second Choice:

\_\_\_\_\_  
Faculty Name (Printed)