

**CHEMISTRY PROGRAM RESEARCH GROUP REQUEST**  
FORM IS DUE TO KATHY LUCAS (ROOM B101-MAIN OFFICE)

NAME: \_\_\_\_\_

Faculty signatures of the 3 groups that you rotated with:

PRINT NAME

SIGNATURE

DATE

Rotation 1: \_\_\_\_\_

Rotation 2: \_\_\_\_\_

Rotation 3: \_\_\_\_\_

List the top 3 choices for research groups. Please make any comments regarding your choices (i.e., no preference between choices 1 and 2 or 2 and 3).

Note – you did not have to rotate in a group to choose the group.

\_\_\_\_\_  
Choice 1

\_\_\_\_\_  
Choice 2

\_\_\_\_\_  
Choice 3