McMaster University
Department of Chemistry and Chemical Biology

CHEMISTRY 4G09

Record of Interview for Senior Thesis Topic and Supervisor Selection

Student Name:_______________________________________ Student ID: ______________

Fill in the information above and ask the professor you interviewed to initialize/sign the form.

Faculty member’s name:______________________________

Faculty member’s initials/signature:____________________ Date____________________

(To Faculty: your initials/signature confirm that the above student met with you and discussed a Chemistry 4G09 research project).

Agreement between a Supervisor and a Student for CHEMISTRY 4G09

A faculty member’s signature on this part of the form confirms that this faculty member has agreed to supervise the above student in a CHEMISTRY 4G09 project.

Title of the CHEMISTRY 4G09 project:

___________________________________________________________________________

___________________________________________________________________________

Faculty member’s signature: _______________________ Date____________________