



**Graduate Thesis Advisor Assignment Form**  
Department of Chemistry  
Indiana University-Purdue University Indianapolis

**Instructions to the Student**

This form is to be completed and returned to the Department Chair by November 5, 2004 (Fall) or March 25, 2005 (Spring).

Student Name: \_\_\_\_\_

Thesis Advisor: \_\_\_\_\_

Please sign below to indicate your acceptance of this assignment.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thesis Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair signature: \_\_\_\_\_ Date: \_\_\_\_\_