

**Department of Chemistry** 

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## **Preceptor Request Form**

I,	request Professor
(Print full name)	
•	ng my studies to obtain Ph. D. degree in
•	nis is a request and is subject to the discretion of the
faculty member and the depart	ment.
G:	
Signature of Student	Date
A managed d last.	
Approved by:	
Signature of Graduate Program Director	Date
Signature of Chair	Date
I am agreeing to serve as Chair	r of the dissertation committee of the student listed
above. I will be able to provid	e space, laboratory facilities and supplies and
summer support (including upo	coming Summer semester) throughout his/her
graduate studies.	
Signature of Professor	Date
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Please get all signatures and hand in to the Graduate Program Assistant