

Lab Placement Form

Date _____

Dr. _____ from the Department of _____

has agreed to serve as the Major Professor or Research Director as outlined below:

Student's Name:			
Year:			
Semester:	Spring	Summer	Fall
Research Area:			
Lab BLDG/Room/Phone:			
Office BLDG/Room/Phone:			

Student's Signature

Date

Faculty's Signature

Date