



### Graduate Advisor Selection Form

Name:	ID:
Degree Program:	Major Field:

This form is to be used to select an advisor compatible with your research and interests. Please meet with a minimum of five research active faculty and rank them based on your preference as your advisor. Submit the completed form to Dr. Almodovar via email at [jalmodo@uark.edu](mailto:jalmodo@uark.edu).

<p>Faculty Meeting 1 _____ Name Signature Date</p> <p>Notes: _____</p>	<p>_____</p> <p>Ranked preference (1-5)</p>
<p>Faculty Meeting 2 _____ Name Signature Date</p> <p>Notes: _____</p>	<p>_____</p> <p>Ranked preference (1-5)</p>
<p>Faculty Meeting 3 _____ Name Signature Date</p> <p>Notes: _____</p>	<p>_____</p> <p>Ranked preference (1-5)</p>
<p>Faculty Meeting 4 _____ Name Signature Date</p> <p>Notes: _____</p>	<p>_____</p> <p>Ranked preference (1-5)</p>
<p>Faculty Meeting 5 _____ Name Signature Date</p> <p>Notes: _____</p>	<p>_____</p> <p>Ranked preference (1-5)</p>