

NAME _____

First Choice: _____

Date _____

Second Choice: _____

Third Choice: _____

	<u>Faculty Member</u>	<u>Subject</u>	<u>Faculty Initials</u>
1.	_____	_____ _____	_____
2.	_____	_____ _____	_____
3.	_____	_____ _____	_____
4.	_____	_____ _____	_____
5.	_____	_____ _____	_____
6.	_____	_____ _____	_____
7.	_____	_____ _____	_____

Return this form to the Director of Graduate Studies