

Interoffice Communication

TO: New Graduate Students

FROM: Chem Department

Your first personal contact with the Chemistry Faculty will be an interview with a member of the Chemistry Graduate Review Committee. The purpose of the interview is to welcome you and to provide initial guidance.

An important element in this orientation is the choice of the area in chemistry in which you wish to major, so that you can be properly advised into courses for your first semester.

For this reason we ask you to complete the lower half of this page and bring it with you to the initial interview. If you are not certain, you can discuss the alternatives at the interview and complete the form there.

Name (please print)

_____ I plan to major in the area circled below.

_____ I plan to take a joint major in the areas circled below.

_____ I am presently undecided between the majors below. During the first semester, I would like to enroll for courses that would permit me to move into either major without delaying my progress.

ANALYTICAL

CHEMISTRY

INORGANIC

ORGANIC

PHYSICAL

Date

Student's Signature

CHEMISTRY DEPARTMENT, IOWA STATE UNIVERSITY
GRADUATE STUDENT SELECTION OF MAJOR DISCIPLINE AND MAJOR PROFESSOR

_____ Student's Name
(Please Print)

1. I have decided to major in the following discipline(s):

2. I have selected the following faculty member(s) as my major professor(s):

Date: _____ (Signed) _____
(Graduate Student)

3. The undersigned major professor(s) is (are) informed about

Mr./Ms. _____'s plans and agree to this choice.

Date: _____ (Signed) _____
(Major Professor)

4. Indicate the phone number and address of your new office:

For office use: FORM CHECK-OFF:

Grad Unit _____
Payroll _____
(Return to Graduate Secretary)

Program of Study Committee (POSC) Annual Meetings

Student name: _____
(last) (first) (middle)

has met with his/her Program of Study Committee for the annual POSC meeting (see the Graduate Manual, Section 4.1; p. 10).

Student signature: _____ (date)

Committee Members' signatures:

Major Professor: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

Committee Member: _____

CHANGE OF RESEARCH GROUPS

CHEMISTRY DEPARTMENT, IOWA STATE UNIVERSITY

GRADUATE STUDENT SELECTION OF MAJOR DISCIPLINE AND MAJOR PROFESSOR

_____ Student's Name
(Please Print)

1. I have decided to major in the following discipline(s):

2. I have selected the following faculty member(s) as my major professor(s):

Date: _____ (Signed) _____
(Graduate Student)

3. The undersigned major professor(s) is (are) informed about

Mr./Ms. _____'s plans and agree to this choice.

Date: _____ (Signed) _____
(Major Professor)

4. Indicate the phone number and address of your new office:

I agree with this change.

(Former Major Professor) (date)

(Director of Graduate Education) (date)

For office use: FORM CHECK-OFF:

Grad Unit _____
Payroll _____
(Return to Graduate Secretary)

SEMINAR/ORAL PRESENTATION RECORD

Student name:

(last)

(first)

(middle)

has given a seminar in the department (_____)
(date of seminar)

or an oral presentation at the

(name and date of meeting)

Student signature:

(date)

Major Professor's signature:

(date)

CHEMISTRY DEPARTMENT, IOWA STATE UNIVERSITY

REQUEST FOR COMAJOR PROFESORS

TO: Dean of the Graduate College

The Department of Chemistry requests that Professor _____, an associate member of the Graduate Faculty and an expert in the area of research chosen by the student, and Professor _____, a full member of the Graduate Faculty, act as co-major professors on the Program of Study Committee of Mr./Ms., _____, a student in the Chemistry Department.

_____, Student	Date: _____
_____, First Co-major Professor	Date: _____
_____, Second Co-major Professor	Date: _____
_____, Chair Department of Chemistry	Date: _____
_____, Dean, Graduate College	Date: _____

CHEMISTRY DEPARTMENT, IOWA STATE UNIVERSITY
REQUEST FOR TRANSFER OF GRADUATE CREDIT TO A
CHEMISTRY PROGRAM OF STUDY

Transfer credit can be given for a course which contains subject matter that is considered graduate study material at the ISU Chemistry Department. According to Section 4.2.3. of Form M, transfer credit is not given for a course in an area in which a student failed the Diagnostic Examination, for a course in which the student received a grade below B, or for a course which is not comparable to a graduate level course in this department. Also, transfer credit cannot be given for courses that were applied to a student's undergraduate degree. In order to receive transfer credit, the following supporting material must be submitted: (1) copy of grade transcript; (2) name of textbook used and of list of chapters covered; (3) personal material such as notes taken, homework, examinations, etc.; (4) a clear outline of at least 400 words describing the course content in the student's own words.

NAME OF STUDENT (printed): _____ Major Area: _____

On the basis of the material submitted herewith, I request that the following course credits, which I earned at another university, be accepted for my Program of Study.

Institution: _____ Course Name: _____

Year: _____ Semester Credits: _____ Grade: _____

Equivalent ISU Course Name: _____ Course Number: Chem _____

Type of Credit (X, Y, Z): _____

Signature of Student

Date

EVALUATION AND RECOMMENDATION BY ISU FACULTY MEMBER EXPERT REGARDING THE ISU COURSE:

Signature of Faculty Member

Date

APPROVAL OF REQUEST:

Program of Study Committee: _____

Graduate Affairs Committee: _____

CHEMISTRY DEPARTMENT, IOWA STATE UNIVERSITY

CHANGE OF DEGREE PROGRAM

TO: Dean of the Graduate College

Mr./Ms. _____, a student in the Department of Chemistry, is changing his/her Program of Study from a Ph.D. to a M.S. degree program.

The reasons for this change are as follows:

After completing the M.S. degree, the student plans _____, does not plan _____ to continue towards the Ph.D. degree.

Date: _____

Major Professor, Signature

Major Professor, Printed

Request for Support

Student Name: _____
(last) (first) (middle)

Social Security Number: _____ Date: _____

_____ is currently entering his/her **fifth** year.
(student name)

After review of the student's current research and academic progress we

recommend

do not recommend

that the Department support this student for the next year.

Major Professor: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

- The Director of Graduate Education (DOGE): approves does not approve that the Department support this student for the next year.

Director of Graduate Education (signature) (date)

Return to Graduate Records Secretary

_____ Pc: Business Manager

_____ Pc: student

Request for Support

Student Name: _____
(last) (first) (middle)

Social Security Number: _____ Date: _____

_____ is currently entering his/her **sixth** year.
(student name)

After review of the student's current research and academic progress we

recommend

do not recommend

that the Department support this student for the next year.

Major Professor: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

- The Director of Graduate Education (DOGE): approves does not approve that the Department support this student for the next year.

Director of Graduate Education (signature) (date)

Return to Graduate Records Secretary

_____ Pc: Business Manager

_____ Pc: student

Request for Support

Student Name: _____
(last) (first) (middle)

Social Security Number: _____ Date: _____

_____ is currently entering his/her **seventh** year.
(student name)

After review of the student's current research and academic progress we

recommend

do not recommend

that the Department support this student for the next year.

Major Professor: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

- The Director of Graduate Education (DOGE): approves does not approve that the Department support this student for the next year.

Director of Graduate Education (signature) (date)

Return to Graduate Records Secretary

_____ Pc: Business Manager

_____ Pc: student

Request for Support

Student Name: _____
(last) (first) (middle)

Social Security Number: _____ Date: _____

_____ is currently entering his/her **eighth** year.
(student name)

After review of the student's current research and academic progress we

recommend

do not recommend

that the Department support this student for the next year.

Major Professor: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

Committee Member: _____
(signature) (date)

- The Director of Graduate Education (DOGE): approves does not approve that the Department support this student for the next year.

Director of Graduate Education (signature) (date)

Return to Graduate Records Secretary

_____ Pc: Business Manager

_____ Pc: student

FINAL DEFENSE

Name _____

Group _____

Title _____

Date _____

Time _____

Location _____

Return to Grad Records Clerk in the Chemistry Office, 1605 Gilman, 10 days prior to the final defense.

GRAD STUDENT Checkout Form
(Return to 1605 Gilman upon completion)

NAME: _____ DISCIPLINE: _____
 (Please print or type)

SOC. SECURITY #: _____ Major Professor/Group: _____

Ph.D. Masters
 Absentia Non-Graduate

CHEMISTRY STORES: 1351 Gilman <i>All items checked out are cleared.</i>	_____ Chemistry Stores and Department Inventory, Bill Best
INSTRUMENT SERVICES: 1761 Gilman <i>The CIA card has been returned.</i>	_____ Supervisor, Instrument Services Steve Veysey
CHEMICAL HYGIENE AND SAFETY CHECK-OUT	_____ Chair, Dr. Gordon Miller Or "KG" Departmental Safety Committee
CHEMISTRY ADMINISTRATIVE OFFICE: 1605 Gilman <i>Graduate assistantship/appointment will end</i> _____ (date)	_____ Major Professor
<i>Payroll resignation is completed.</i>	_____ Payroll Manager, Bill Britton
<i>This form has been correctly completed. (front & back).</i>	_____ Graduate Records, Beverly Nutt
Forward first class mail and journals to me at (new home address):	_____ _____ _____ _____
Home Phone: _____ Home E-Mail Address: _____	() _____ _____
Telephone number where I may be contacted during the day: (Specify if work or home)	() _____ _____
Effective date to start forwarding mail: _____	_____
Signature _____	Date _____

Reminder: All ISU keys are to be returned to General Services Bldg.; Ames Lab keys to Ames Lab.

STUDENT INFORMATION:

I expect to graduate this date: _____

I plan to: _____ attend commencement exercises.

_____ graduate in absentia.

The degree is:

_____ A prerequisite to the Ph.D. and my committee has recommended that I continue toward the Ph.D here at Iowa State.

_____ A prerequisite to the Ph.D. and my committee has recommended that the M.S. be a terminal degree at Iowa State.

_____ A terminal M. S. degree at Iowa State.

_____ Ph.D. degree at Iowa State.

_____ Leaving without a Degree.

_____ Absentia (to complete degree in absence)

My thesis was signed by the department on _____ (date)

I have accepted employment at (business address):

Expected salary _____/year.

I (did) (did not) gain employment from an on-campus interview.

My position/title will be

_____ *Business Phone:*

_____ () _____

How many months were you in residence at ISU as a graduate student in Chemistry? _____

How many months, prior to ISU, were you a graduate student elsewhere? _____

Were you encouraged to attend Iowa State University by someone? (Yes or No) _____

If yes, may we contact that person and inform them of your success? (Yes or No) _____

If the above answer is yes, please list the name, and address of that person below.

