

# ADVISOR SELECTION FORM

*Please list your top three choices for research advisor, in order. Return this form to Ross Perryman (rossp@ku.edu) by November 15th, 2025.*

## Faculty Choice

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**STUDENT NAME**

\_\_\_\_\_  
Please PRINT your name legibly

**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE** \_\_\_\_\_