



LOYOLA UNIVERSITY CHICAGO
DEPARTMENT OF CHEMISTRY

PROGRESS COMMITTEE MEMBER NOMINATION FORM

Student Name _____

Program (Ph.D. or M.S.) _____

Please nominate four members to be on your Graduate Student Progress Committee.
Have each faculty member sign below to indicate their willingness and agreement to serve on this committee.

Please return the completed form to the Department Chair, Dr. Ballicora.

Nominees:

1. _____
2. _____
3. _____
4. _____

Date

Signature of Research Director

Progress Committee Members:

1. _____
2. _____
3. _____

Date

Signature of Department Chair