

**OFFICIAL HMC BIOLOGY  
SENIOR RESEARCH PREFERENCES FORM**

YOUR NAME: \_\_\_\_\_

Please indicate the names of at least 2 faculty members with whom you would be interested in working, and a title or brief description of the proposed research project. A faculty signature is required only to confirm that you have discussed a specific project; a signature does *not* guarantee that you will get your first choice advisor/project. If Clinic is your first or second choice, please indicate so in place of Advisor (you do not need a faculty signature for this option). If you are already working on a research project, and intend to continue working in the same lab *on that same project* next year, you do not need to list a second choice, provided that your current advisor agrees that you may continue the project. If you plan to register for research in a department other than biology (e.g., chemistry or math), please indicate the department and faculty advisor.

1. Advisor (FIRST CHOICE): \_\_\_\_\_

Project title or brief description:

Advisor's Signature: \_\_\_\_\_

2. Advisor (SECOND CHOICE): \_\_\_\_\_

Project title or brief description:

Advisor's Signature: \_\_\_\_\_

You must return the attached form to Prof. McFadden by **5 p.m. on Monday 11 April.**