ADVISER SELECTION FORM

Thesis/Dissertation Title: ____________________________________________________________

Proponent(s)/Author(s): ____________________________________________________________

Academic Department: ____________________________
Program: _______________________________________________

Abstract (Short description in less than 150 words):
_________________________________________________________________________________
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Keywords: __________________________________________

Proposal Rating (To be accomplished by the Research Methods Professor)

Kindly Rate the following using the scale below:
5 = Exceptional; 4 = Proficient; 3 = Satisfactory; 2 = With Potential;
1 = Limited/Flawed

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<td>a. Title</td>
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<td>b. Abstract</td>
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<td>c. Alignment with the research key priority areas of the Colegio</td>
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<td>d. Candidate’s verbal ability to discuss the proposed topic</td>
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<td>e. Attached supporting journals</td>
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Potential Research Adviser (To be accomplished by the Research Methods Professor)

Adviser 1: ____________________________ □ Yes □ Not this time
Adviser 2: ____________________________ □ Yes □ Not this time
Adviser 3: ____________________________ □ Yes □ Not this time

Final recommendation of the Program Chairperson: ____________________________
Final Approval of the Dean: ____________________________

Signature over Printed Name
Date: ____________________________

Signature over Printed Name
Date: ____________________________