CMBS-MS Laboratory Rotation Form

Prior to starting your lab rotation, please complete this form. It must be signed by the proposed mentor and returned to the MS Program Director for Approval before the rotation begins.

Master’s student name: ____________________________________________________________

Mentor’s name and title: ________________________________________________________

Proposed rotation dates: ________________________________________________________

Expected schedule for laboratory work: ____________________________________________

The goals of this rotation are: ____________________________________________________

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I expect to gain experience with the following techniques:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PLEASE NOTE: MS students do not receive a stipend; they do not require funding from their mentors. Mentors may hire MS students as laboratory technicians full or part time at their own discretion. This is unrelated to the MS program.

Signatures:

Student: ___________________________________________ Date: __________

Mentor: ___________________________________________ Date: __________

M.S. Program Director: _______________________________ Date: __________