

**Program in Epidemiology and Human Genetics**

**Research Rotation Proposal Form**

Please complete this form, have it signed by the proposed mentor and track leader, and forward it to the Epidemiology and Human Genetics academic office at [jshinnick@som.umaryland.edu](jshinnick%40som.umaryland.edu)

**Your rotation will not be approved without this form.**

**Student Name:** Click or tap here to enter text.

**Mentor Name:** Click or tap here to enter text.

**Proposed Rotation Dates:** Click or tap here to enter text.

**Expected Rotation Schedule:** Click or tap here to enter text.

**The goals of this rotation are:** Click or tap here to enter text.

**I expect to gain experience with the following techniques:** Click or tap here to enter text.

**We have discussed expectations about time commitment, schedule of work, and mentor supervision. Yes** [ ]  **No** [ ]  **Details:** Click or tap here to enter text.

**Additional Comments:** Click or tap here to enter text.

**Signatures:**

***Electronic signatures must be accompanied by an email.***

**Student:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Mentor:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Track Leader:** Click or tap here to enter text. **Date:** Click or tap to enter a date.