

# MOLECULAR MEDICINE Ph.D. PROGRAM

## Laboratory Rotation Proposal Form

Please complete this form with your proposed mentor. Be sure to have it signed by the Track Leader, and return it to Academic Services Specialist. *Your rotation will not be approved without this form!*

**Student name:**

**Rotation mentor and title:**

**Department:**

<b>Proposed rotation dates:</b>
<b>Expected schedule for laboratory work:</b>
<b>The goals of this rotation are:</b>
<b>I expect to gain experience with the following techniques:</b>

### Rotation Mentor Information

<b>Current number of students in proposed mentor's lab:</b>
<b>Proposed mentor's active grants (granting agency, start and end dates):</b>
<b>Current number of proposed mentor's grant applications pending review:</b>
<b>Mentor anticipates being able to fund student through completion of the dissertation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

We have discussed expectations about time commitment, schedule of work and mentor supervision.

### Signatures:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Track Leader: \_\_\_\_\_ Date: \_\_\_\_\_