



CMBS & Toxicology Lab Rotation Proposal Form

Prior to starting your lab rotation, please complete this form. It must be signed by the proposed mentor, the Program Director and returned to the Academic Program Specialist before the rotation begins. Your rotation will NOT be approved without this form!

Student name:

Mentor name and title:

Proposed rotation dates: _____ to _____

Expected schedule for laboratory work*:

**A minimum of 16 hours per week is expected for a lab rotation. Hours in lab are not to exceed 30 hours per week for MS students.*

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: _____

Program Director: _____ Date: _____