

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, Chelsea Rosenberger, in BRB Suite 1-005A. *Your rotation will not be approved without this form!*

Student name:

Rotation mentor and title:

Department:

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

Rotation Mentor Information

Current number of students in proposed mentor's lab:
Proposed mentor's active grants (granting agency, start and end dates):
Current number of proposed mentor's grant applications pending review:
Mentor anticipates being able to fund student through completion of the dissertation: <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: _____