UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

GRADUATE PROGRAM IN LIFE SCIENCES

Program in Neuroscience
Laboratory Rotation Proposal Form

Please complete this form, have it signed by the proposed mentor and your Advisory Committee Chair, and forward it to the Program Coordinator.

Student's name: _____ Lab-Head's name: _____

Mentor's name and position (if different than above): _____ Rotation dates: _____

Please provide a hypothesis for your project:

_____

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_____

Please provide a summary of the overarching research that encompasses your project:

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The goals of this rotation are:

_____

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Signatures:

Student: _____Date: _____

Chair, Advisory Committee: _____ Date: _____

Mentor: _____ Date: _____