

PROGRAM IN MOLECULAR AND CELL BIOLOGY

LAB ROTATION AGREEMENT

Name of Student _____

Rotation Number _____ (Please tell us if this is your first rotation or second rotation, etc.)

Dates Planned for Rotation: Start _____ / End _____

Lab Rotation Professor: _____

Phone: _____

Email: _____

Campus Mail: _____

PLANS FOR ROTATION (BRIEF DESCRIPTION OF PROJECT):

Signature of Student

Date: _____

Signature of Rotation Advisor

Date: _____

Signature of Program Director

Date: _____