

Lab Rotation Selection Form

Date _____

Dr. _____ from the Department of _____

has agreed to accept the following student as a rotation student as outlined below:

Student's Name:			
Year:			
Semester:	Spring	Summer	Fall
Rotation Slot:	Slot 1	Slot 2	
Research Area:			
Lab BLDG/Room/Phone:			
Office BLDG/Room/Phone:			

Please email this form to the Biological Sciences Graduate Office no later than two weeks before the start of the rotation slot indicated above.

Student's Signature

Date

Faculty's Signature

Date