PLEASE RETURN DIRECTLY TO DEPARTMENT OFFICE C236

LABORATORY ROTATION IN BIOMEDICAL SCIENCES
STUDENT-FACULTY AGREEMENT

STUDENT - PLEASE FILL IN THE INFORMATION BELOW

NAME: _____

STUDENT I.D. NUMBER: _____

DEGREE PROGRAM: MS_ PhD _

TRACK: _____

ROTATION MENTOR: _____

Lab Phone #:_____Lab Room #:_____

Rotation Number: 1 ____ Semester: Fall ____ Year: _____

2 ____ Spring _____

3 ____ Summer _____

A student-faculty agreement sheet must be filled in for each rotation. **You must submit this sheet to the department office C236** with the completed information **BEFORE** the start of each rotation.

RESEARCH MENTOR - Please fill in the information below:

LABORATORY ROTATION PROJECT TITLE: _____

_____

Research Mentor Name: _____

Lab Phone #:_____ Lab Room #: _____

Additional comments:

*Faculty member approval to act as lab rotation mentor: _____
(signature)

Faculty will receive a Lab Rotation Evaluation Sheet for grading approximately two weeks before the end of each rotation. It is suggested that you make a copy of these sheets for your files.