DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES

STUDENT-FACULTY AGREEMENT FOR LAB ROTATIONS

STUDENT - PLEASE FILL IN THE INFORMATION BELOW AND RETURN TO DEPARTMENT OFFICE ESP C236

NAME: _____

STUDENT I.D. NUMBER: _____

DEGREE PROGRAM: MS _____ Ph.D. _____

TRACK: _____

ROTATION MENTOR: _____

Lab Phone #: _____ Lab Room #: _____

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

2 ____ Spring _____

Summer _____

Please note that EHS 690 contains **TWO** individual lab rotations. A student-faculty agreement sheet must be filled in for each of the rotations. You must return this sheet to the department office with the completed information before the start of each rotation.

LAB ROTATION MENTOR - Please fill in the information below:

LABORATORY ROTATION PROJECT TITLE:

_____

Lab Rotation Mentor Name: _____

Lab Phone #:_____ Lab Room #: _____

Additional comments:

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

ehs\rotation.agr