LAB ROTATION FORM

This form is to be filled out by you prior to starting your next rotation. You must obtain signatures from both the Professor whose laboratory you will be rotating as well as BMB Graduate Program Director. Please return this form no later than one week before starting the rotation to April Wolak (awolak@wayne.edu).

Student Name: _____________________________     Date: ______________________
Lab Rotation #: ______
Graduate Program: ____________________________
Duration of Proposed Rotation: Start Date: _______________ End Date: _______________
Name of the Professor in whose laboratory you will be rotating: ___________________________
Student Signature ____________________________
Rotation Advisor Signature ____________________________
Approved by BMB Graduate Program Director

Signature ____________________________________________ Date