

Wayne State University  
**School of Medicine**

Scott Hall, 540 E. Canfield Detroit, MI 48201

**Biochemistry and Molecular Biology Graduate Program**

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**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

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Signature

Date