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 IM 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 IM Graduate Program Director

_________________________________________________________________________________
Signature           Date