

Wayne State University
School of Medicine

Scott Hall, 540 E. Canfield Detroit, MI 48201

Immunology and Microbiology Graduate Program

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