THE UNIVERSITY OF CHICAGO DIVISION OF BIOLOGICAL SCIENCES

	PLEASE CHECK BELOW
Rotation 1	
Rotation 2	
Rotation 3	

LABORATORY ROTATION FORM

PART I: Student and Rotation information. To be completed for all rotations.				
First Name	Last Name	UC ID#		
Rotation Start Date	Rotation End Date	Quarter/ Year		
Faculty name	Program	Contact		
 performed. Summarize academic a and/or techniques. Describe opportunities 	e the goals of this laboratory rotation below. On and technical goals - such as gaining familiarity for presenting (eg. lab meeting presentations of lab notebooks, a summary report etc)	/ with a specif	ic literature	
have agreed that this rotation research training in my group. 2. I am allowing this student to rothe/she may seek to carry out Ph		Student Faculty		
conduct dissertation research u maintain, renew or obtain suffici period that he/she pursues doct	cions associated with accepting this student to under my guidance. I agree to actively attempt to ient funding to support the student during the coral research in my laboratory (Please be sure to be Program Head before signing).	Student Faculty		

Signature of Student

Signature of rotation faculty

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PART II: To be completed if rotation is for course credit. Register for BSDG 40100, section for program Student Name Program Quarter/Year Faculty Name Program Phone PART III: Representative of Degree-Granting Unit Will this rotation will be graded and count Yes or No towards the student's Divisional Course requirement? Note that rotations to meet Divisional Course requrements must be for a full quarter, with Registered for BSDG 40100, section _____ the exception of summer rotations, which must be for at least 5 weeks.. Signature of Program Chair / Delegate

NOTES: