

8993 Lab Rotation Form

Student Name:	Rotation Instructor Name:
Expectations: This section should be completed by agreement of the student and faculty <u>at the beginning</u> of the rotation.	
8993:	
1. Units Enrolled	
2. Hours per week student is available	
Faculty Expectations:	
1. Reading Relevant Literature:	
2. Experimental Work:	
3. Research Meetings:	
4. Student Presentation:	
5. Shadowing Experiences:	
6. Time in the Laboratory:	
Signatures:	
Student: _____	Date: _____
Advisor: _____	Date: _____

8993 Lab Rotation Form

Accomplishments of the Student: This section should be completed by the student after the rotation is completed.

1. Approximate average hours/wk participation in rotation:
2. Number of weeks in rotation:
3. Direct participation in research work:
4. Shadowing Experiences:
5. Outside reading/literature study:
6. Presentations in research group meetings:
7. Approx hours per week spent with advisor:
8. Approx hours per week spent with other mentors in the lab:
9. Other activities:

Signatures:

Student: _____

Date: _____

8993 Lab Rotation Form

Faculty Approval:

1. Agree Disagree that student has participated in the activities listed above.
2. I have have not discussed potential opportunities/support for doing graduate work in my program.
3. General comments, and recommendations regarding areas of study, courses, or lab courses that this student would need before entering lab:

Signatures:

Faculty: _____ Date: _____

Additional Rotations in the same Lab: To be completed by the advisor and student at the beginning of a rotation in the same lab.

8993:

1. Units Enrolled:
2. Hours per week student is available:

Faculty Expectations:

1. Please list any modifications to those listed above:

Signatures:

Student: _____ Date: _____

Advisor: _____ Date: _____

8993 Lab Rotation Form

Additional Rotations in the same Lab: To be completed by the advisor and student at the beginning of a rotation in the same lab.

8993:

1. Units Enrolled

2. Hours per week student is available

Faculty Expectations:

2. Please list any modifications to those listed above:

Signatures:

Student: _____ Date: _____

Advisor: _____ Date: _____

Please submit a copy of this form to the Graduate Program Coordinator 217 Parks Hall