

MD/PhD Lab Rotation Enrollment Form

Student Name _____ Student ID _____
Rotation Number ___ 1 ___ 2 Rotation Dates _____
Rotation Advisor _____ Department _____
Department Chair _____

As Principal Investigator of this Laboratory, I agree to serve as rotation advisor for the student listed above during the rotation period defined above. As rotation advisor, I will help develop a research project for this student and arrange for all training necessary to perform the project during this rotation experience.

I have submitted a Faculty Letter of Intent.

Rotation Advisor Signature _____ Date _____
Student Signature _____ Date _____
MD/PhD Program Director Signature _____ Date _____

* Please inform the MD/PhD Program of what courses you have signed up for when seeking approval.

This form must be signed by the principal investigator/rotation advisor supervising the rotation project and by the MD/PhD Program Director. Incomplete rotation forms will not be accepted. Return the completed form to the MD/PhD Program Coordinator at least two weeks prior to the start of the rotation.