

Laboratory Rotation Assignment



Student: _____

Please fill out the following information COMPLETELY:

(Name of faculty member)

(Name of department)

(Room number and building name of laboratory)

(Phone number of laboratory)

(Student Signature)

(Date)

(Faculty Signature)

(Date)

**Please return this form to the MD/PhD Program Office: Room 252 BBSRB
Or send via campus mail: Therese Stearns, MD/PhD Program Office, 252 BBSRB 0509**