Molecular Biophysics & Structural Biology Graduate Program
Laboratory Research Rotation Form
Within one week of beginning your rotation, please complete and return this form to:
Lauren Zielinski, M240 Scaife Hall

General Information
Student’s Name: ___________________________ Email Address: ___________________________
Faculty Member’s Name: ____________________________________________________________
Faculty Member’s Department: _______________________________________________________
Lab Location (bldg. & room #): ________________________ Lab Phone #: ____________________

Rotation Detail
This is rotation number (please circle): 1 2 3 4
Please circle the dates of this particular rotation:
Oct. 30 – Jan. 5  Jan. 8 – Mar. 2  Mar. 5 - Apr. 27  Apr. 30 – June 22

Signatures (please print and sign)
Student:

________________________________________________________________________________
I anticipate having resources to support a graduate student beginning next fall:

Faculty Member (please print and sign):

________________________________________________________________________________

First Year Mentor: ___________________________