

Graduate Programs in Molecular Biosciences

ROTATION FORM

This form is to be filled out by you prior to starting your next rotation. You must obtain signatures from both the Professor whose laboratory you will be rotating as well as a member of the student advisory committee. The form is to be submitted to Perry Dominguez in Room V-01 in the Medical School. If you have any questions contact Dr. Monica Roth (Rm. R-635, RWJMS) (235-5048 or roth@umdnj.edu). If you have questions concerning your laboratory rotations feel free to see any member of the laboratory rotation committee.

Student Name: _____

Lab Rotation # _____

Name of the Professor in whose laboratory you will be rotating:

Location of Laboratory:

Laboratory Telephone #: _____

Approved by Professor in whose laboratory student is rotating

Signature

Approved by Student Rotation committee member

Signature