RESEARCH ROTATION FORM

Within one week of beginning your rotation, please complete and return this form to:
Patti Argenzio (E1448 BSTWR) or Lisa Summe (A206 LANGY)

GENERAL INFORMATION:

Student's Name: __________________________________________ Email Address: ____________________________

*Faculty Member's Name: _______________________________________________________________

Lab Location (bldg & room #): __________________________ Lab Phone Number: ______________________

ROTATION DETAIL:

This is rotation number (please circle): 1 2 3 directed study

Indicate the duration of this rotation by circling or writing the appropriate dates:

- Early start, summer term 2018 rotation dates: __________________________
- Fall term, Aug 27 – Dec 15, 2018
- Spring term, Jan 7 – April 27, 2019
- Summer term, May 6 – Aug 23, 2019

Note: It is important that students complete rotations by the stated date for each period.
In general, the student uses the final week of the rotation to prepare a written report of their experience.

SIGNATURES:

Student: ___________________________________________________________________________

"I am willing to provide support to this student, at current stipend levels, as of September 2019 if we mutually agree on my selection as thesis mentor."

Faculty Member: _______________________________________________________________________

*You must receive prior approval from a CNUP Graduate Program Co-Director if your research mentor is not a member of the CNUP Training Faculty.

Graduate Program Co-Director: _________________________________________________________

cc. Student Evaluation Committee

AY 2018/19