



Kenneth P. Dietrich School of
Arts and Sciences

School of Medicine

Center for Neuroscience
(CNUP)

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RESEARCH ROTATION REQUEST FORM

INSTRUCTIONS:

1. Complete General Information and Rotation Detail
2. Obtain email approval from a CNUP Graduate Program Co-Director *PRIOR TO WORKING IN THE LABORATORY* (either Rob Turner or Jon Johnson).
3. Email completed form with signatures to Patti and Lainey.
4. You are required to submit a Research Rotation Request Form EVERY term *UNTIL A SELECTION OF DISSERTATION LABORATORY FORM IS SUBMITTED AND APPROVED BY CNUP.*

GENERAL INFORMATION:

Student's Name: _____ Email Address: _____

Proposed CNUP Training Faculty Member's Name: _____

Lab Location (bldg & room #): _____

ROTATION DETAIL: This is rotation number: _____
1, 2, 3, or directed study

Indicate the duration of this rotation:

Early start, summer term 2026 rotation dates: _____
Start date End date

Fall term 2026:

_____ 8-week rotation #1: August 24 – October 16
_____ 8-week rotation #2: October 19 – December 11
_____ 16-week rotation: August 24 – December 11

Spring term 2027:

_____ 8-week rotation #1: January 11 – March 5
_____ 8-week rotation #2: March 8 – April 30
_____ 16-week rotation: January 11 – April 30

Summer term 2027:

_____ May 10 - Aug 20, 2027

Note: Fall and Spring term rotation reports are due one week after the last examination in the Cellular & Molecular Neurobiology and the Systems Neurobiology courses, respectively.

SIGNATURES:

Student: _____ Date signed: _____

"I attest that I am able to support to this student starting September 2027 if we mutually agree on my selection as dissertation mentor."

Faculty Advisor: _____ Date signed: _____