RESEARCH ROTATION FORM

Within one week of beginning your rotation, please complete and return this form to:
Patti Argenzio (E1448 BSTWR) or Joan Blaney (A210 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:
  Aug 31 - Dec 19 '09
  Jan 6 – May 1 '10
  May 3 - Aug 9 '10

Dates of Early Start or Other Rotation: ____________________________

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 2010 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 2009/10