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:

Summer 2010 rotation dates: _____________________________
Aug 30 - Dec 18 '10
Jan 5 – April 30 '11
May 9 - Aug 27 '11
Other: _____________________________

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 2011 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 2010/11