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 2011 early rotation dates: _____________________________

Aug 29 - Dec 17 '11
Jan 4 – April 20 '12
May 7 - Aug 24 '12
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 2012 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 2011/12