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:

Early start, summer 2013 rotation dates: ________________________________

Aug 26 - Dec 14, 2013

Jan 6 – April 26, 2014

May 5 - Aug 22, 2014

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 2014 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 2013/14