Research Rotation Form

Within one week of beginning your rotation, please complete and return this form to:
Patti Argenzio (E1448 BSTWR) or Joan Blaney (446 CRAWF)

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 check one):

☐ 1  ☐ 2  ☐ 3  ☐ directed study

Indicate the duration of this rotation by circling or writing the appropriate dates:

☐ August 29 - December 17
☐ January 4 - April 29
☐ May 8 - August 12

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: ________________________________________________________________

Faculty Member: __________________________________________________________

cc. Student Evaluation Committee  AY 2005/06