LAB ROTATION FORM
For MS Students

Masters students in the Microbiology & Molecular Genetics Program or the Cell & Developmental Biology Program should complete this form for each Lab Rotation prior to the start of the rotation period at the time of registration. Submit the form to Diane Murano or Carolyn Ambrose in the Molecular BioSciences Graduate Office located in Nelson Labs on Busch Campus. This form will assist us in contacting the Professor when grades are due.

***Student's Name*: _____**

***Student's Program*:_____**

Semester*: _____*Fall ***Year*: _____**
_____*Spring*

Lab Rotation #*: _____*(I = 1st 7-8 wks of semester)

_____*(II = 2nd 7-8 wks of semester)*
(Check box for which rotation you are registering)

***Name of Professor with whom you will be rotating during the above period*:**

_____
(Please print)

***Location of Lab*:**
_____
_____
_____

***Lab telephone number*: _____**

Signature of approval by Professor with whom the student will be rotating:

_____
Signature

Note: You are required to write a one page summary of your work in each rotation. A copy should be given to the lab head. This summary should state your name, the name of the lab, the dates of the rotation, the objectives of the work, what you did and any results of the work. Summaries are due one week after the end of each rotation. A copy of your summary should be given to the Graduate Program Office for your file – Nelson Labs, Room A202, Busch Campus.