



GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES

at Robert Wood Johnson Medical School

## Rotation Form

This form is to be filled out by you prior to starting your next rotation. You must obtain signatures from both the Professor in whose laboratory you will be rotating as well as a member of the student advisory committee. The form is to be submitted to Perry Dominguez in Room R-102 in the Medical School. If you have any questions contact Dr. Monica Roth (Rm. R-635, RWJMS, 235-5048 or [roth@umdnj.edu](mailto:roth@umdnj.edu)). If you have questions concerning your laboratory rotations feel free to see any member of the laboratory rotation committee.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Lab Rotation #

\_\_\_\_\_  
Name of Professor in whose Laboratory you will be rotating

Location of Laboratory: \_\_\_\_\_

\_\_\_\_\_  
Laboratory Telephone #

Approved by Professor in whose laboratory student is rotating: \_\_\_\_\_

Signature

Approved by Student Rotation committee member: \_\_\_\_\_'F cygaaaaaaaaaaaaaaaaaaaa

Signature