DIVISION OF MEDICAL SCIENCES

ROTATION REGISTRATION FORM

TO BE SUBMITTED PRIOR TO START OF ROTATION.

IF THE INFORMATION ENTERED IS NOT LEGIBLE, THIS SHEET WILL BE RETURNED TO YOU.
TYPE OR PRINT LEGIBLY.

STUDENT: _____ DMS PROGRAM AFFILIATION: **Biological & Biomedical Sciences**

CANDIDATE FOR: (CHECK ONE) **o** PHD **o** MD/PHD GRADUATE YEAR: _____

DO YOU PLAN TO DO A ROTATION THIS SEMESTER? **o** YES **o** NO

ROTATION: (CHECK ONE) **o** 1 **o** 2 **o** 3 START DATE: ___/___/___ END DATE: ___/___/___
(THE AVERAGE LENGTH OF A ROTATION IS 10 WEEKS)

REASON FOR THIS ROTATION: **o** POTENTIAL THESIS LAB **o** TECHNIQUE **o** OTHER _____

PERCENT OF TIME PLANNED IN LAB: **o** 25% (TYPICAL) **o** 50% **o** 100% (TYPICAL IN SUMMER) **o** OTHER _____

HEAD OF LAB: _____ HMS DEPARTMENT AFFILIATION: _____

DAILY SUPERVISOR (IF DIFFERENT) _____

LAB ADDRESS: _____

FACULTY PHONE NO. _____ STUDENT LAB PHONE NO. _____

RESEARCH INVOLVES: *VERTEBRATE ANIMALS*: **o** YES **o** NO *HUMAN SUBJECTS*: **o** YES **o** NO

BRIEF DESCRIPTION OF THE ROTATION PROJECT: **(PLEASE TYPE OR PRINT LEGIBLY)**

STUDENT SIGNATURE	**DATE**	**LAB HEAD**	**DATE**
PROGRAM ADVISOR SIGNATURE	**DATE**	**ROTATION SUPERVISOR (IF DIFFERENT)**	**DATE**

If this is a potential thesis lab, the principal investigator should be aware of future student support obligations. DMS Financial Affairs Office can provide details.

Please sign and return with the Lab Head and Program Advisor signatures (and if needed, the Rotation Supervisor's signature as well) to:

BIOLOGICAL & BIOMEDICAL SCIENCES, GORDON HALL - 005, HARVARD MEDICAL SCHOOL, 617-432-0179 (FAX)

Grades and credit for rotations will not be assigned unless this form is submitted to your Program Coordinator.
Copies of this form may be obtained from your Program Coordinator.

FORM UPDATED 08/07