

Speech and Hearing Bioscience and Technology
Division of Medical Sciences
Rotation Form

Please complete and submit to the SHBT Program: SHBT_Program@hms.harvard.edu
by the deadline corresponding to the term of enrollment:

Fall term: **September 20**

Spring term: **February 20**

Summer term: **June 20**

Academic term: Fall Spring Summer Year: _____

Student's name: _____ Year of entry: _____

Student signature/date: _____

Rotation Supervisor: _____

Phone number: _____ Email: _____

Address: _____

Rotation Supervisor's area of expertise: _____

Supervisor's signature: _____

Institutions where the work will be performed: _____

Project title: _____

Brief description of the rotation project: *100 word maximum. Description should be informative, for a lay audience, and should not include jargon.*

Important note to receive credit for your rotation: At the end of the term, write a brief narrative report (approx. 400 words) of your work during the rotation. Have your report signed or endorsed by your Rotation Supervisor. Send to the SHBT Program by the deadline corresponding to the term of enrollment:

Fall term: **December 10**

Spring term: **May 10**

Summer term: **August 31**