BROWN
Pathobiology Graduate Program

Rotation Agreement Form

Student name: _____

Faculty Advisor: _____

Rotation Period: _____ to _____

Project: (please provide a 2-3 sentence synopsis of the rotation project, written by the student)

Advisor, please check one box below:

☐ I currently have funds to support a student in my lab

☐ I have grant applications pending that must be funded to support a student in my lab

By signing below, both the student and advisor agree to:

1. The scope and timing of the rotation
2. Discussing expectations for effort committed to the project
3. Meet together at the end of the rotation to discuss a final evaluation

_____ _____

Student signature Date Advisor signature Date

Please return form to Michele Welindt, Box G-B495

Rotation 1) September 22 – November 20
Rotation 2) December 1 – February 12
Rotation 3) February 16 – April 23