LABORATORY ROTATION CONTRACT

Student Name: ______________________  Rotation Instructor: ______________________________

Number of Hours Enrolled in 8998: _________ Estimated hour/week student available for rotation: _________

Semester: ______________________________________________________________________________

SECTION 1: EXPECTATIONS
This section should be filled out by the faculty member in consultation with the student at the beginning of the rotation.

1. Reading Relevant Literature: ______________________
2. Time in the Laboratory: ______________________
3. Research Meetings: ______________________
4. Experimental Work: ______________________
5. Student Presentations: ______________________

I have discussed with the student the possibility for support in my laboratory over the coming year: _____Yes _____No

Signatures:

______________________________________________     ________________________________________________
Student Signature                                         Date                 Faculty Signature    Date

SECTION 2: ACCOMPLISHMENTS OF THE STUDENT
This section should be filled out by the student after the rotation is completed.

1. Approximate average hours/week of participation in rotation: ______________________
2. Describe direct participation in research work (use additional pages if necessary): ______________________
3. Briefly describe outside reading/literature study (use additional pages if necessary): ______________________
4. Describe presentations in research group meetings: ______________________
5. Approximate time spent with rotation instructor: ______________________
6. Approximate time spent with other mentors in the lab (students/postdocs/techs): ______________________
7. Participation in other pertinent activities (use addition pages if necessary): ______________________

Student Signature: ___________________________________________ Date: _______________

SECTION 3: FACULTY APPROVAL
Student has participated in the above activities: _____ Agree _____ Disagree

I have discussed potential opportunities/support regarding graduate work in my program: _____Yes _____No

General Comments and recommendations regarding areas of study, courses or lab courses this student would need before entering the lab: ____________________________________________________________________________________________________

Faculty Signature: ___________________________________________ Date: _______________

File a copy of this form with the Program Manager in 222B Animal Sciences at the beginning of the rotation and a completed copy at the end of the rotation. Keep a copy for yourself and give a copy to your instructor.