OSBP 7193
LABORATORY ROTATION CONTRACT

Student Name: _____**Rotation Instructor:** _____

Number of Hours Enrolled in 7193: _____ **Estimated hour/week student available for rotation:** _____

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. Experimental Work: _____
3. Research Meetings: _____
4. Student Presentations: _____
5. Time in the Laboratory: _____

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

_____ _____

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 addition 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:** _____

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