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): ______________________________________________________________________

____________________________________________________ Date: __________________
Student Signature: __________________________________________________

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: _____________________________________________________________________________

____________________________________________________ Date: __________________
Faculty Signature: ____________________________________________________

Rev: 08/13