

**Program in Neuroscience
Rotation Registration Form**

Please submit this form to the Program Administrator prior to the start of rotation

Student: _____

DMS Program Affiliation: Neuroscience

Contact phone: _____

Contact email: _____

Candidate for: Ph.D. M.D./Ph.D. Year in DMS: _____

Rotation #: 1 2 3 4

Rotation Start Date: _____

Rotation Completion Date: _____

Reason for this rotation: Potential thesis lab Technique Other: _____

Percent of time you plan to spend in lab: 25% (typical) 50% 100% (typical in summer) Other: _____

Head of lab:

HMS Dept. Affiliation: _____

Daily Supervisor (if other than head of lab) _____

Lab address: _____

Lab phone (head of lab) _____

Lab phone (student): _____

Research involves: *Vertebrate animals*: Yes No

Human subjects: Yes No

Title of Project (one line only): _____

Brief description of rotation project:

Student Signature Date

Lab Head Signature Date

Program Advisor Signature Date

Lab Supervisor Signature Date
(if supervisor is different than lab head)

**If this is a potential thesis lab, the principal investigator should be aware
of future student support obligations. DMS Financial Affairs Office can provide details.**

Please complete form, sign, and obtain signatures from the Lab Head and the Program Advisor (and, if needed, the Rotation Supervisor). Return original form to Program Administrator in Goldenson Room 129.

Grades and credit for rotations will not be assigned unless this form is submitted to your Program Administrator.