

DEPARTMENT of IMMUNOBIOLOGY

Research Rotation Selection

Student's Name: _____

Please list your two chosen laboratories for rotations. A signature of approval from the laboratory's PI is required. A third laboratory rotation is optional and can be chosen at a later time if necessary. Once completed, please submit to the Department's Graduate Assistant.

Rotation 1: Fall Semester

Laboratory

PI Signature

Rotation 2: Spring Semester

Laboratory

PI Signature

Rotation 3: Summer (not required)

Laboratory

PI Signature

Student's Signature

Date