

BCDB Program Rotation Advisor Selection Agreement

Rotation dates: _____ to _____.

1. We have discussed possible rotation projects.
2. There are space and appropriate resources available in the lab during this period.
3. Advisor will devote the time necessary to provide a quality learning experience for this student. Advisor acknowledges that during the final week of the rotation the student will devote time to preparing a written rotation report.
4. Advisor agrees to give a grade based on both the lab performance and the written rotation report.
5. All rotation agreements are subject to approval by the BCDB Executive Committee.
6. We have discussed the lab safety procedures and protocols used in the lab to comply with all safety and other regulatory requirements (including any specific expectations, standard operating procedures for the lab, and any biological or chemical agent-specific information).

Student (print name)

Signature

Date

Rotation Advisor (print name)

Signature

Date

Office Phone: _____ Lab Phone: _____

Advisor E-mail: _____

Other students who will be rotating in this lab during this period:

Student Name:	Program:	Rotation Dates:

Return signed form to the BCDB Program Administrator, Emily Neutens via email at emily.kara.neutens@emory.edu.