LABORATORY ROTATION NOTIFICATION

_____ Rotation #1 (2nd Week of October – 3rd Week of December)

_____ Rotation #2 (1st Week of January – 2nd Week of March)

_____ Rotation #3 (3rd Week of March – 4th Week of May)

Student Name: ___________________________________________________

Student’s Email Address: ___________________________________________

Rotation Advisor’s Name: ___________________________________________

Office Phone Number: _____________________________________________

Lab Phone Number: ______________________________________________

P.I. Approval: ___________________________ Date:______________

DGS Approval: ___________________________ Date:______________

Return to Emily Morran, Dental School Building, Suite 300A or emily.morran@emory.edu