# MMG Rotation Agreement Form

**Student Name:**

**Rotation Mentor Name:**

**Office Number:**

**Lab Number:**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Rotation Form Due</th>
<th>Rotation Period</th>
<th>Duration</th>
<th>Final Report Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monday, Sep. 17</td>
<td>Monday, Sep. 17 – Friday, Nov. 16</td>
<td>9 weeks</td>
<td>Friday, Nov. 23</td>
</tr>
<tr>
<td>2</td>
<td>Friday, Nov. 23</td>
<td>Monday, Nov. 26 – Friday, Jan. 25</td>
<td>8 weeks</td>
<td>Friday, Feb. 1</td>
</tr>
<tr>
<td>3</td>
<td>Friday, Feb. 1</td>
<td>Monday, Feb. 4 – Friday, March 29</td>
<td>8 weeks</td>
<td>Friday, April 12</td>
</tr>
<tr>
<td>4 (if needed)</td>
<td>Friday, April 12</td>
<td>Monday, April 15 - TBD (discuss w/ DGS)</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

1. Mentor and student have discussed possible rotation projects.
2. There is space and appropriate resources available in the lab during this period for the student.
3. Mentor will devote the time necessary to provide a quality learning experience for this student.
4. Mentor agrees to give a grade and brief statement of performance to the DGS based on both the lab work conducted and the written report submitted by the student regarding the research performed during the rotation.
5. Rotation agreements may be subject to approval by the MMG Executive Committee.

**Student Signature**

**Date**

**Rotation Mentor Signature**

**Date**

**DGS Signature (Anice Lowen)**

**Date**

Return this completed form and the Final Report by the due dates listed above to the Program Administrator in 1462 Clifton Road Suite 300A or by email.

**Please note:** The Final Report should also be submitted to your rotation mentor and the MMG DGS by the due date.

Revised 8/2/18