

Neuroscience Graduate Program ROTATION PROPOSAL

(Must be filled by the Graduate student and approved by the Mentor)

Student Name: _____ Mentor: _____

Duration of Proposed Rotation: Start Date: _____ End Date: _____

Brief summary of the Project: _____

How many hours/week should be spent in the lab to achieve these goals: _____

Student signature: _____

Mentor: _____

Name

Signature

Date

Please return this form **no later than one week before starting the rotation** to:

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