

MSP ROTATION ADVISOR SELECTION AGREEMENT

Rotation dates: _____ to _____ **DGS Approved:**

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.
4. Advisor agrees to:
 - Read the written rotation report and to give the student feedback on the quality of organization, grammar and writing style.
 - Attend the student's oral presentation of the rotation, as well as any seminar presentations by the student during the rotation period.
5. Student agrees to:
 - Conduct research under the supervision of Advisor.
 - Provide a research report in the required format.
6. All rotation agreements are subject to approval by the MSP Executive Committee.
7. 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).

Rotation Advisor (print name) Signature Date

Student Name (print name) Signature Date

Office Phone Number: _____ Lab Phone Number: _____

Advisor E-mail: _____

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

Name	Program	Rotation Dates

Return signed form to Tracey Wright via e-mail tracey.wright@emory.edu.