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:

John Hepler, PhD
Director of Graduate Studies, Years 1-2
jhepler@emory.edu

Chanell Loiseau
Program Administrator
chanell.r.loiseau@emory.edu

September 2021