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: ______________________________________________________
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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

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