



EMORY

LANEY  
GRADUATE  
SCHOOL

Graduate Division of Biological  
and Biomedical Sciences

## Lab Rotation Selection Form

**Instructions:** GDBBS students must complete this form before each rotation. In most circumstances, students will complete three rotations during their first year in their program. Additional details are available through your program's addendums.

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

Rotation Number:    ☐ 1    ☐ 2    ☐ 3    ☐ 4

Rotation Start Date: \_\_\_\_\_ Rotation End Date: \_\_\_\_\_

Rotation Advisor Name: \_\_\_\_\_

Rotation Co-Advisor Name (if applicable): \_\_\_\_\_

Briefly describe the rotation project(s) you have discussed with your Rotation Advisor.

\_\_\_\_\_ My Rotation Advisor and I have discussed communications, expectations, projects, timelines, and lab reporting structures. I understand that my research grade will be based on fulfilling expectations set by my Rotation Advisor.

Are you a student in the MD/PhD Program? \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Completed by Rotation Advisor(s)**

\_\_\_\_\_ I will devote the time necessary to ensure the student has a quality learning experience.

\_\_\_\_\_ I will actively engage in an advising relationship with the student listed above while they rotate in my lab.

\_\_\_\_\_ I agree to provide a grade to the Program's DGS based on the student's lab performance and the rotation report or presentation.

Rotation Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Rotation Co-Advisor Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

### **Completed by Director of Graduate Studies**

\_\_\_\_\_ The program approves this rotation and agrees to guide the student and Rotation Advisor.

DGS Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_