

Neuroscience Graduate Program Laboratory Rotation Contract

Instructions: Complete all fields in this form at the beginning of your rotation and return the form with your signature (and the faculty member's signature) to Deanna Solórzano. Upon completion of the rotation, you will need to complete the rotation summary form to conclude participation in this lab, which will include the faculty members' comments and signature.

Name: _____ ID#: _____

Lab Rotation # _____ Dates: _____ through _____

Lab Phone # (where student can be reached) _____

Research Project:

Student Signature: _____ Date: _____

Faculty Name: _____

Faculty Signature: _____ Date: _____

Important Question to Faculty: If you accept this student into your lab, how will the student be supported during her/his PhD studies?
