

BBSP Rotation Choice Form

This section to be completed by the student

Student Name:

Date:

Rotation Lab Advisor/PI:

First Year Group:

Rotation Period (Summer, Fall, Winter, Spring):

Short description of rotation project:

This section to be completed by the Rotation Advisor

How many rotation students have you had this academic year (Aug 2017-Apr 2018; include this student and others who will rotate during this period)? _____

How many of these were non-BBSP students in programs such as BME, Pharmacy, MDPHD, Chemistry, etc.)? _____

How many funded slots do you anticipate having for graduate students to start in May (financial support would start June 15th). _____

Please indicate how many of the above slots depend on a grant that is submitted but not yet funded. _____

Signature of Rotation Advisor:

Date: