

## DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES

# STUDENT-FACULTY AGREEMENT FOR RESEARCH ROTATIONS

STUDENT - Complete this document and return it to:

**Department of Environmental Health Sciences**

**1 University Place, Room 153**

**Rennselaer, NY 12144**

NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

DEGREE PROGRAM: MS PhD

ROTATION MENTOR: \_\_\_\_\_

Lab/Office Phone #: Lab/Office Room #:

[illegible]

Please note that EHS 690 contains **TWO** individual research rotations. A student-faculty agreement sheet must be filled in for each of the rotations. You must return this sheet to the department office with the completed information before the start of each rotation.

**ROTATION MENTOR** - Please fill in the information below:

RESEARCH ROTATION PROJECT TITLE:

---

Rotation Mentor Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Room #: \_\_\_\_\_

Additional comments:

Faculty member approval to act as rotation mentor: \_\_\_\_\_  
(signature)

This form must be completed IN ADDITION to the rotation or mentor agreement form

**NEW YORK STATE DEPARTMENT OF HEALTH  
SCHOOL OF PUBLIC HEALTH/ WADSWORTH CENTER  
STUDENT REASSIGNMENT**

**NAME:** \_\_\_\_\_

**AFFILIATION:**     **School of Public Health**

**CURRENT RESEARCH SUPERVISOR:** \_\_\_\_\_

**CURRENT ROOM ASSIGNMENT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FINAL DATE OF CURRENT RESEARCH ASSIGNMENT:** \_\_\_\_\_

**NEW RESEARCH SUPERVISOR:** \_\_\_\_\_

**NEW ROOM ASSIGNMENT:** \_\_\_\_\_

**NEW TELEPHONE:** \_\_\_\_\_

**EFFECTIVE START DATE OF NEW RESEARCH ASSIGNMENT:** \_\_\_\_\_

**COMMENTS:**

**PLEASE RETURN DIRECTLY TO THE EHS DEPARTMENT OFFICE:**

Department of Environmental Health Sciences  
1 University Place, Room 153  
Rensselaer, NY 12144