PLEASE RETURN DIRECTLY TO BMS 590 INSTRUCTOR IN CLASS
LABORATORY ROTATION IN BIOMEDICAL SCIENCES
STUDENT-FACULTY AGREEMENT

STUDENT - PLEASE FILL IN THE INFORMATION BELOW

NAME: __________________________________________________________

STUDENT I.D. NUMBER: ________________________________

DEGREE PROGRAM:   MS □   PhD □

ROTATION MENTOR: ________________________________________

LAB PHONE #: _____________ LAB ROOM #: ______

ROTATION NUMBER: 1: _______  2: ______

YEAR: ______

A student-faculty agreement sheet must be filled in for each rotation. You must submit this sheet to your instructor with the completed information BEFORE the start of each rotation.

RESEARCH MENTOR – Please fill in the information below:

LABORATORY ROTATION PROJECT TITLE: ________________________________

____________________________________________________________________________

RESEARCH MENTOR NAME: ________________________________________

LAB PHONE #: _____________ LAB ROOM #: ______

ADDITIONAL COMMENTS: _____________________________________________

*Faculty member approval to act as lab rotation mentor: _______________________

Signature

Faculty will receive a Lab Rotation Evaluation Sheet for grading approximately two weeks before the end of each rotation. It is suggested that you make a copy of these sheets for your files.