



**BROWN**  
Pathobiology Graduate  
Program

# Rotation Agreement Form

**Student name:** \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

**Rotation Period:** \_\_\_\_\_ to \_\_\_\_\_

**Project:** (please provide a 2-3 sentence synopsis of the rotation project, written by the student)

*Advisor, please check one box below:*

I currently have funds to support a student in my lab

I have grant applications pending that must be funded to support a student in my lab

By signing below, both the student and advisor agree to:

1. The scope and timing of the rotation
2. Discussing expectations for effort committed to the project
3. Meet together at the end of the rotation to discuss a final evaluation

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor signature

\_\_\_\_\_  
Date

**Please return form to Michele Welindt, Box G-B495**

Rotation 1) September 16 – November 21

Rotation 2) December 2 – February 20

Rotation 3) February 24 – May 1