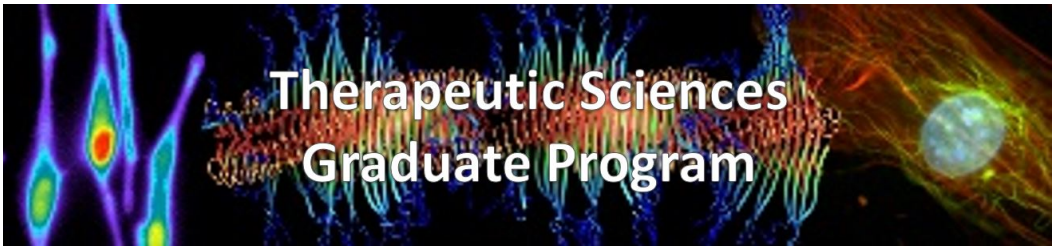

TSGP Rotation Agreement Form

Student Name:

Advisor Name:

Initial Rotation Period (*can be extended if needed, by mutual agreement*):

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 accept _____ student(s)
- ☐ I have grant applications pending that must be funded to accept a student

By signing below, both the student and advisor agree:

1. to the scope and timing of the rotation
2. that we have discussed expectations for effort committed to the project
3. to meet together at the end of the rotation to discuss a final evaluation

Student Signature	Date	Advisor Signature	Date

Advisor: *Please mail the original signed form to Jessica Bello at Box G-A, or email a scan of the signed form to Jessica_Bello@brown.edu and Anita_Zimmerman@brown.edu. Please issue a copy to the student and keep a copy for your records. Thank you.*

Form version 10/26/21