



## 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 Ruth Mattson at BMC-GG 493, or email a scan of the signed form to [Ruth\\_Mattson@brown.edu](mailto:Ruth_Mattson@brown.edu), [Diana\\_Horrigan@brown.edu](mailto:Diana_Horrigan@brown.edu), and [Sean\\_Lawler@brown.edu](mailto:Sean_Lawler@brown.edu). Please issue a copy to the student and keep a copy for your records. Thank you.*