

**Laboratory Rotation Assignment Form
(For Rotations Outside of the Home Department)**

Rotation # : Monday – Friday, , 200

Student Name and Signature

Home Department, Director of Graduate Studies – Name (please print) and Signature

I understand that the above named student is planning to undertake a rotation outside the home department.

Rotation Department, Head – Name (please print) and Signature

I agree that if the student and the PI named below both agree that it would be mutually beneficial for the student to select this PI as his/her thesis advisor. I additionally agree to be responsible for support of the student should the PI's funding lapse and be responsible for second year of student stipend if he/she transfers to our department.

Rotation Department, Director of Graduate Studies – Name (please print) and Signature

I have discussed this rotation with my department head, the rotation lab PI and the student.

Rotation Lab Principal Investigator – Name (please print) and Signature

If after the rotation the student and I agree that his/her entering my lab would be mutually beneficial I anticipate that I will be able to support this student as his/her thesis advisor.

This fully signed form is to be returned to Dr. William Hendrickson of the GEMS Program by one week prior to the start of the rotation period. A copy should be kept in both departments and by the PI.