

**Laboratory Rotation Assignment Form
(For Rotations Inside Home Department)**

Rotation #:

Student Name (please print) and Signature

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

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

_____ *If by the end of this academic year, 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.*

_____ *I cannot take this student as his/her thesis advisor.*

This signed form is to be returned to Director of Graduate Studies by Wednesday prior to the start of the rotation period.