

Neuroscience Graduate Program
ROTATION PROPOSAL

(Must be filled by the Graduate student and approved by the Mentor)

Student Name: _____

Mentor: _____

Duration of Proposed Rotation: Start Date _____ - End Date _____

Brief summary of the Project:

How many hours/week should be spent in the lab to achieve these goals: _____

Student signature: _____

Mentor signature: _____

Please, return this form no later than one week before starting the rotation to:

Ronald L. Calabrese, Ph.D.
Co-Director of Graduate Studies, Neuroscience Program
Dept. of Biology, Rollins Research Center, Emory University