



Rotation Sign-up Sheet Academic Year: 2012-2013

Student Name: _____

Laboratory for First Rotation:

9/4/12 – 11/2/12
Due August 24, 2012

Name of Faculty Member _____

Faculty Signature & Date _____

Laboratory for Second Rotation:

11/5/12 – 12/14/12, 1/7/13 – 2/8/13
Due October 26, 2012

Name of Faculty Member _____

Faculty Signature & Date _____

Laboratory for Third Rotation

2/11/13 – 3/8/13, 3/18/13 – 4/26/13
Due February 16, 2012

Name of Faculty Member _____

Faculty Signature & Date _____

Laboratory for Fourth Rotation:

(To be arranged if needed)

Name of Faculty Member _____

Faculty Signature & Date _____

Please submit a copy to your Track Advisor and the following office on or before the due date.

College Of Medicine Office of Graduate Studies

Rachel Levins
Program Coordinator
Medical Research and Education Building
Suite 1001, Office 1002
Levins@medicine.tamhsc.edu
979.436.0311
979.436.0086: FAX