



**UNIVERSITY OF SOUTH CAROLINA
BIOMEDICAL SCIENCES GRADUATE PROGRAMS**

LABORATORY ROTATION FORM

Date _____

After discussion with the laboratory mentor, I will be performing a rotation in the undersigned faculty member's laboratory.

I understand that this does not obligate the faculty mentor to accepting me into their laboratory for my PhD research. Similarly, I am not obligated to join the mentor's laboratory at the end of the rotation.

Name of Student

Signature of Student

Name of Faculty Member

Signature of Faculty Member

Dates of the Planned Rotation: _____
Beginning Date

End Date

***Please submit this form electronically to biomedicalsciences@uscmed.sc.edu or hard copy to the School of Medicine Graduate Office. Complete a new form for each rotation that you do.*