Lab Rotation Approval Form

NAME: ___________________________  BU ID: ___________________________

Students can perform up to four rotations, but no less than three. One rotation must be experimental, one computational, and the third can be either. Each lab rotation must be a minimum of nine weeks.

Please note: This form must be submitted to the Graduate Program Coordinator prior to the start of each rotation. Rotation start dates are: October 15th, January 15th and March 15th. Failure to submit this form by the deadlines may result in loss of rotation credit.

I. Computational Lab Rotation:

(1)
Facility Name: ___________________________

Date of Rotation: From ___/___/___ To ___/___/___

(2)
Facility Name: ___________________________

Date of Rotation: From ___/___/___ To ___/___/___

II. Experimental Lab Rotation:

(1)
Facility Name: ___________________________

Date of Rotation: From ___/___/___ To ___/___/___

(2)
Facility Name: ___________________________

Date of Rotation: From ___/___/___ To ___/___/___