Lab Rotation Approval Form

NAME:	BU ID:	
	ns, but no less than three. One rotation must be third can be either. Each lab rotation must be	
Please note: This form must be submitted to the Graduate Program Coordinator prior to the start of each rotation. Rotation start dates are: October 15 th , January 15 th and March 15 th . Failure to submit this form by the deadlines may result in loss of rotation credit.		
I. Computational Lab Rotation	on:	
(1)		
Faculty Name:		
Date of Rotation: From//	_ To/	
(2)		
Faculty Name:		
Date of Rotation: From//	To/	
II. Experimental Lab Rotation	n:	
(1)		
Faculty Name:		
Date of Rotation: From//	To//	
(2)		
Faculty Name:		
Date of Rotation: From//	To/	