

Lab Rotation Report Form

NAME: _____

BU ID: _____

The student can perform up to four rotations, but no less than three. The student is asked to have respective faculty members to sign this form to indicate that the student performed a rotation in the faculty member's lab.

Academic Advisor should also sign this form.

FACULTY SIGNATURES ARE REQUIRED IN THE LINES PROVIDED.

Please note: This form should be submitted after 1st rotation by **December 10th** to the Graduate Program Office. The form will be reviewed and returned to you for your 2nd rotation report which need to be submitted by **March 15th**. Completed forms should be submitted after minimum of 3 rotations and by **May 15th, 2002** to the Graduate Program Office. Failure of submission of this form will consequently suspend your registration access to the following term and the payment of the stipend until the form is satisfactory submitted.

I. Computational Lab Rotation: (minimum of nine weeks)

(1)

Faculty Name: _____ Signature: _____

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

Attach a copy of lab report submitted or rotation project description to this form.

(2)

Faculty Name: _____ Signature: _____

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

Attach a copy of lab report submitted or rotation project description to this form.

II. Experimental Lab Rotation: (minimum of nine weeks)

(1)

Faculty Name: _____ Signature: _____

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

Attach a copy of lab report submitted or rotation project description to this form.

(2)

Faculty Name: _____ Signature: _____

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

Attach a copy of lab report submitted or rotation project description to this form.

1st Rotation: ACADEMIC ADVISOR SIGNATURE: _____ Date Approved: _____

2nd Rotation: ACADEMIC ADVISOR SIGNATURE: _____ Date Approved: _____

3rd Rotation: ACADEMIC ADVISOR SIGNATURE: _____ Date Approved: _____