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: early July, October 15th and January 15th. If an additional rotation is needed, it must be started by March 15th. Failure to submit this form by the deadlines may result in loss of rotation credit.

I. Computational Lab Rotation:
   (1)
   Faculty Name: ___________________________
   Date of Rotation: From ___/___/___ To ___/___/____

   (2)
   Faculty Name: ___________________________
   Date of Rotation: From ___/___/___ To ___/___/____

II. Experimental Lab Rotation:
   (1)
   Faculty Name: ___________________________
   Date of Rotation: From ___/___/___ To ___/___/____

   (2)
   Faculty Name: ___________________________
   Date of Rotation: From ___/___/___ To ___/___/____