

# Bioinformatics 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 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 your 1<sup>st</sup> rotation by **September 15<sup>th</sup>** to the Graduate Program Office. Your 2<sup>nd</sup> rotation report & form needs to be submitted by **December 20<sup>th</sup>** and 3<sup>rd</sup> rotation report & form by **March 25<sup>th</sup>**. 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 description to this form.

(2)

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Rotation: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

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

(2)

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Rotation: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

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

1<sup>st</sup> Rotation: ACADEMIC ADVISOR SIGNATURE: \_\_\_\_\_ Date Approved: \_\_\_\_\_

2<sup>nd</sup> Rotation: ACADEMIC ADVISOR SIGNATURE: \_\_\_\_\_ Date Approved: \_\_\_\_\_

3<sup>rd</sup> Rotation: ACADEMIC ADVISOR SIGNATURE: \_\_\_\_\_ Date Approved: \_\_\_\_\_