

## Chemistry Rotations Form

Name: \_\_\_\_\_

1. Rotation #1, October \_\_\_\_\_

\_\_\_\_\_  
*Faculty signature*

2. Rotation #2, November \_\_\_\_\_

\_\_\_\_\_  
*Faculty signature*

|  |  |
|--|--|
| <p>A. Individual meeting with additional faculty:</p> <p style="text-align: center;">_____<br/> <i>Faculty signature</i></p> | <p>B. Individual meeting with additional faculty:</p> <p style="text-align: center;">_____<br/> <i>Faculty signature</i></p> |
|--|--|

**Petition to rotate in the same lab twice:**  
 (With permission, students may rotate twice in the same lab if a rotation longer than 4 weeks is required by the PI)

\_\_\_\_\_  
*Faculty signature (include reason below)*

\_\_\_\_\_

\_\_\_\_\_

*(continue on back side of page)*

\_\_\_\_\_  
*Brian Stoltz (Option Rep) signature*

Additional Rotations: #3 \_\_\_\_\_ #4 \_\_\_\_\_  
*Faculty signature*
*Faculty signature*

*Please complete this form for each rotation and forward to Alison Ross, Graduate Studies manager.*