

## Chemistry Rotations Form

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

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

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

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

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

A. Individual meeting with additional faculty:

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

B. Individual meeting with additional faculty:

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

### **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)*

\_\_\_\_\_  
*Garnet Chan (Option Rep) signature*

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

***Please complete this form for each rotation and forward to Suri Pourmodheji, Option Manager.***