



**Student Name:** \_\_\_\_\_

**Instructions for Faculty:**

Sign this form if you are **willing AND able** to host this student for the specified rotation. Your signature indicates agreement to submit a *Rotation Evaluation Form* at the end of the rotation.

**Instructions for the Student:**

After interviews are completed, please schedule a follow-up meeting with faculty to finalize your rotation plan. Bring this document and fill it out if both parties agree to the rotation and timing. Notify by email the faculty whose labs you are not choosing to rotate in and thank them for their time.

**Submit TWO documents with faculty signatures to the MOB Coordinator.**

1. Your **MOB Rotation Plan** (this document) with signatures.
2. Your **Rotation Interview Form** (requires at least six interviews & signatures)

| ROTATION NUMBER      | Rotation Period                       | Evaluation Form Due Date | Faculty Agreement   |
|----------------------|---------------------------------------|--------------------------|---|
| <b>1</b>             | 9/4/17 – 10/13/17                     | 10/20/17                 | Faculty Name: _____<br>_____<br>Faculty Signature                      Date |
| <b>2</b>             | 10/16/17 – 11/24/17                   | 12/1/17                  | Faculty Name: _____<br>_____<br>Faculty Signature                      Date |
| <b>3</b>             | 1/15/18 – 2/23/18                     | 3/2/18                   | Faculty Name: _____<br>_____<br>Faculty Signature                      Date |
| <b>4</b><br>optional | 2/26/18 – 3/9/18<br>3/19/18 - 4/13/18 | 4/20/18                  | Faculty Name: _____<br>_____<br>Faculty Signature                      Date |

To be filled out by the MOB Program Director:

Approved? YES or NO \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

If NO, explain: \_\_\_\_\_