

LABORATORY ROTATION AGREEMENT

This form must be returned to the Graduate School Office BEFORE the start of the rotation

LABORATORY ROTATIONS ARE AN IMPORTANT PART OF THE GRADUATE PROGRAM AT ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, GIVING STUDENTS THE OPPORTUNITY TO EXPERIENCE DIFFERENT RESEARCH PROJECTS AND ALLOWING THE FACULTY TO ASSESS THE INTERESTS AND APTITUDE OF THE STUDENTS. TO FACILITATE AND OPTIMIZE THE ROTATION EXPERIENCE FOR BOTH THE STUDENT AND THE FACULTY, IT IS IMPORTANT THAT THEY MEET PRIOR TO THE START OF THE ROTATION TO DISCUSS EXPECTATIONS, GOALS, REQUIREMENTS AND LABORATORY GUIDELINES. **THIS FORM MUST BE COMPLETED AND SIGNED IN THE PRESENCE OF YOUR PRECEPTOR PRIOR TO THE START OF YOUR ROTATION. UPON COMPLETION, CLICK "SAVE TO DESKTOP" TO SEND AT A LATER TIME.**

STUDENT INFORMATION

Student Name (please print)		MTA:
Rotation Preceptor: (print name)	Rotation Start Date:	Rotation End Date:

ROTATION INFORMATION

Who will directly supervise the student?		
Hours per week that student is expected to be in the laboratory: (Expectations should be discussed regarding time needed for coursework/studying for exams)		
Laboratory activities expected of the student: (Attach additional sheet as needed)		
Were laboratory guidelines/policies (e.g., biohazards, lab notebook) explained to the student?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Has the student been provided with a reading list?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the student expected to attend lab meetings?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Will the student be required to present in a lab meeting before the end of the rotation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the student have to participate in departmental seminars?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Goals for this rotation: (Attach additional sheet as needed)		
Has the student met with his/her first year advisor? yes [] no If no, please explain why:		

At the end of this rotation the student will meet with the rotation preceptor and complete the Laboratory Rotation Evaluation Form

BY SIGNATURE, I VERIFY THAT I HAVE DISCUSSED THE LIKELIHOOD OF MY HAVING SPACE AND FINANCIAL SUPPORT, SHOULD THIS STUDENT AND I WISH TO CONSIDER A THESIS DEVELOPMENT AFTER THE ROTATION PERIOD.

- Yes, (If the rotation works out, I will be able to accept this student into my laboratory in July)
- Very likely (If the rotation works out, I will very likely be able to accept this student into my laboratory in July)
- Possibly (If the rotation works out, I will possibly be able to accept this student into my laboratory in July
I will know definitely by _____ (date)
- No (I will not be able to accept this student in July)
- Yes No Student is eligible for NIH Diversity Supplement <http://icahn.mssm.edu/diversitysupplements>

SIGNATURES

Rotation Preceptor:	Date:
Student:	Date: