Laboratory Rotation Agreement

Name: ________________________________  PSU ID#: __________________

Email: ________________________________  Date: _______________________

It is expected that during your first semester you will meet with faculty to discuss potential Ph.D. projects, and identify an appropriate lab to join or carry out lab rotations to help you select the optimal lab for your Ph.D. If rotations are preferred, you are expected to complete 2 - 3 rotations at 5 weeks each during your first semester.

1\textsuperscript{st} Rotation  Dates of time in lab:
(i.e. Weeks of Aug 23-Sept 24=5 weeks)

Lab: ____________________________  __________________________

Faculty Signature: ___________________________  Date: ________________

2\textsuperscript{nd} Rotation  Dates of time in lab:
(i.e. Weeks of Sept 27-Oct 29=5 weeks)

Lab: ____________________________  __________________________

Faculty Signature: ___________________________  Date: ________________

3\textsuperscript{rd} Rotation  Dates of time in lab:
(i.e. Weeks of Nov 1-Dec 10=5 weeks)
*This excludes Thanksgiving week*

Lab: ____________________________  __________________________

Faculty Signature: ___________________________  Date: ________________

Student Signature: ___________________________ Date: ________________