



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.

1st Rotation

Dates of time in lab:
(i.e. Weeks of Aug 23-Sept 24=5 weeks)

Lab: _____

Faculty Signature: _____ Date: _____

2nd Rotation

Dates of time in lab:
(i.e. Weeks of Sept 27-Oct 29=5 weeks)

Lab: _____

Faculty Signature: _____ Date: _____

3rd 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: _____