

**Cellular and Structural Biology Graduate Program
Laboratory Rotations**

In fulfillment of the degree requirements for the Ph.D., I plan to rotate in the following three laboratories:

Name of Faculty Member	Dates
1. _____ (please print)	_____
2. _____ (please print)	_____
3. _____ (please print)	_____

Changes in your planned rotations are acceptable and may be made after consultation with the Student Advisor.

Name: _____
(please print)

Signature: _____

Date: _____

Please return this form to Ms. Jo Gail Stark.