



MOUNT SINAI SCHOOL OF MEDICINE GRADUATE SCHOOL OF BIOLOGICAL SCIENCES

LABORATORY ROTATION AGREEMENT

THIS FORM MUST BE RETURNED TO THE GRADUATE SCHOOL OFFICE BEFORE THE START OF THE ROTATION

Box 1257

LABORATORY ROTATIONS ARE AN IMPORTANT PART OF THE GRADUATE PROGRAM 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. TO THIS END, THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH THE STUDENT AND ROTATION PRECEPTOR PRIOR TO THE START OF THE ROTATION.

Student Name: _____ Rotation Dates:: From _____ To _____

Rotation Preceptor: _____ MTA Affiliation(s): _____

Who will directly supervise the student? _____

Hours per week that the 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? [] yes [] no

Has the student been provided with a reading list? [] yes [] no

Is the student expected to attend lab meetings? [] yes [] no

Will the student be required to present in a lab meeting before the end of the rotation? [] yes [] no

Does the student have to participate in departmental seminars? [] yes [] no

Goals for this rotation: _____

(Attach additional sheet as needed)

At the end of this rotation the student will:

1) 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 _____)
[] no (I will not be able to accept this student in my laboratory in July)

Rotation Preceptor Signature _____ Date _____ Student Signature _____ Date _____