



GRADUATE SCHOOL OF
BIOMEDICAL SCIENCES

at Robert Wood Johnson Medical School

Rotation Form

This form is to be filled out by you prior to starting your next rotation. You must obtain signatures from both the Professor in whose laboratory you will be rotating as well as a member of the student advisory committee. The form is to be submitted to Perry Dominguez in Room R-102 in the Medical School. If you have any questions contact Dr. Monica Roth (Rm. R-635, RWJMS, 235-5048 or roth@umdnj.edu). If you have questions concerning your laboratory rotations feel free to see any member of the laboratory rotation committee.

Student Name

Lab Rotation #

Name of Professor in whose Laboratory you will be rotating

Location of Laboratory: _____

Laboratory Telephone #

Approved by Professor in whose laboratory student is rotating: _____

Signature

Approved by Student Rotation committee member: _____

Signature