



RWJMS MD/PhD PROGRAM ROTATION FORM

Prior to starting your rotation the student must obtain signatures from both the Professor in whose laboratory they will be rotating as well as the member of the advisory committee from the host institution. The form is to be submitted to Perry Dominguez in Room R-102, RWJMS Piscataway. If there are any questions contact Dr. Terri Goss Kinzy, Program Director (Rm. R-102 RWJMS Research Tower Piscataway, kinzytg@umdnj.edu). Once student rotations are complete each student will rank order their laboratory choices and final selections will be facilitated by the advisory committee. Students will enter the laboratory following the end of the second year of medical school. The PhD stipend, tuition and health benefits will be the responsibility of the research mentor. If there are questions concerning the laboratory rotation feel free to contact any of the Liaisons.

Student Name: _____

Lab Rotation # _____

Dates of rotation

Name and Department of the Professor in whose laboratory you will be rotating:

Location of Laboratory:

University

Campus

Room/building

Laboratory Telephone #: _____

Approved by Professor in whose laboratory student is rotating

Signature

Approved by advisory committee member for the host institution of the rotation.

Signature

Student's current residence address: _____

Cell #: _____ Home Tel #: _____