Winter 2019 Rotation Worksheet
Due to PIBS Office on 12/14/18- for full and half rotations

<table>
<thead>
<tr>
<th>Rotation Period</th>
<th>Full Term</th>
<th>Half Term (1st)</th>
<th>Half Term (2nd)</th>
<th>Evaluations Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter 2019</td>
<td>09/09/19 – 04/23/19</td>
<td>09/09/19 - 03/01/19</td>
<td>03/11/19 - 04/23/19</td>
<td>Full term: April 26, 2019</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Half Term: March 1 &amp; April 26, 2019</td>
</tr>
</tbody>
</table>

PIBS students are required to register for PIBS 503, 600, and 800. Students must be registered for a minimum of 9 semester hours. The semester hours for PIBS 600 may range from 3-4 to meet the minimum requirement of enrollment.

For help on how to register for PIBS 600 Independent Study, search by the Class Number (see below) and be sure to check the box in search to include Independent Study Sections.

For rotation rules and guidelines, please visit the PIBS Student Portal https://ogps.med.umich.edu/pibs-rotations/

If at any time you change labs, please contact Michelle DiMondo and Michelle Melis in the PIBS Office immediately so we can help you with the transition process.

*If you are completing half-term rotations, you are required to fill this form out for each rotation. The half-term worksheets must be handed in together by the due date 12/14/18.*

**Instructions:**
- **Step 1:** Fill out your class schedule in the table below.
- **Step 2:** Meet with your rotation mentor and discuss your rotation.
- **Step 3:** Meet with your Academic Advisor for your program of study.
- **Step 4:** Turn in your completed form to the PIBS Office to Michelle DiMondo or Michelle Melis.

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**Step 1: Fill out your class schedule.**

Student Name ____________________________________________

(*please print*)

<table>
<thead>
<tr>
<th>Class #</th>
<th>Subject/Course Name</th>
<th>Catalog #</th>
<th>Section #</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>22206</td>
<td>* PIBS Seminar</td>
<td>800</td>
<td>001</td>
<td>1</td>
</tr>
<tr>
<td>35582</td>
<td>* PIBS Rotation (3–4 credits)</td>
<td>600</td>
<td>027</td>
<td></td>
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</tbody>
</table>

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Step 2: Meet with your rotation mentor and discuss your rotation.

Rotation Mentor (please print):

Mentors please note: Students are permitted to leave campus for Campus Spring Break, March 2-10, 2019.

☐ Full term rotation ☐ Half term rotation

Mentor, please list your top two expectations for this rotation:

1) 

2) 

Mentor Signature: 

By signing this form, I acknowledge that I have discussed my laboratory’s financial situation with this graduate student. (faculty member please initial box on the left)

I acknowledge that I have discussed the laboratory financial situation with this mentor. (student please initial box on the left)
Step 3: Meet with your Academic Advisor for your program of study.

Students: Your rotations must be approved by the Academic Advisor for your program of study. If you are not sure who this is, please see the PIBS Student Portal under the Advisors link. There is a list of all the Academic Advisors for each of the 14 PIBS programs.

**WEEKLY SCHEDULE FALL TERM**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>8 – 9</td>
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<td>9 – 10</td>
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<td>10 – 11</td>
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<td>11 – 12</td>
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<td>12 – 1</td>
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<td>2 – 3</td>
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<td>3 – 4</td>
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<td>4 – 5</td>
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<td></td>
<td>PIBS 800</td>
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<tr>
<td>5 – 6</td>
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**Academic Program Advisor**

Name (*please print*): __________________________________________

Signature: ______________________________________________________

Date: ___________________________________________________________

*Please sign only after reviewing student’s proposed schedule and determine it is appropriate for your program.*

Step 4: Return all pages of this form to the PIBS Office. Michelle DiMondo or Michelle Melis will gladly accept your forms.

PIBS Office, UM Medical School 2960 Taubman Health Sciences Library
1135 Catherine Street
Ann Arbor, Michigan 48109-5619
For Winter Second Half Term Rotations Only - 03/11/19 to 04/23/19

Step 2b: Meet with your rotation mentor and discuss your rotation. (for second half rotation)

Rotation Mentor (please print):


Mentor, please list your top two expectations for this rotation:

1)__________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

2)__________________________________________________________
   ________________________________________________________
   ________________________________________________________
   ________________________________________________________

Mentor Signature: __________________________________________

☐ By signing this form, I acknowledge that I have discussed my laboratory’s financial situation with this graduate student. *(faculty member please initial box on the left)*

☐ I acknowledge that I have discussed the laboratory financial situation with this mentor. *(student please initial box on the left)*