Fall 2019 Rotation Worksheet
Due to PIBS Office on 09/06/19- 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>Fall 2019</td>
<td>09/03/19 – 12/11/19</td>
<td>09/03/19 - 10/18/19</td>
<td>10/21/19 - 12/11/19</td>
<td>Full term: December 13, 2019</td>
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<td></td>
<td>Half Term: October 18 &amp; December 13, 2019</td>
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</tbody>
</table>

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 rotation rules and guidelines, please visit: https://ogps.med.umich.edu/pibs-courses-and-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 09/06/19.

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></td>
<td>* PIBS Seminar</td>
<td>800</td>
<td>001</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>* PIBS Rotation (3-4 credits)</td>
<td>600</td>
<td>027</td>
<td></td>
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</table>
Step 2: Meet with your rotation mentor and discuss your rotation.

**Rotation Mentor (please print):**

- [ ] 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 website: https://ogps.med.umich.edu/phd/. There is a list of all the Advisors for each of the 14 PIBS programs.

**WEEKLY SCHEDULE FALL TERM**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 – 9</td>
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<tr>
<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>1 – 2</td>
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<td>2 – 3</td>
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<td>3 – 4</td>
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<tr>
<td>4 – 5</td>
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<td>PIBS 800</td>
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<td>5 – 6</td>
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</tr>
</tbody>
</table>

**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, UoM Medical School
2960 Taubman Health Sciences Library
1135 Catherine Street
Ann Arbor, Michigan 48109-5619
For Fall Second Half Term Rotations Only – 10/18/19 to 12/11/19

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)*