



**Fall 2019 Rotation Worksheet**

**Due to PIBS Office on 09/06/19- for full and half rotations**

Rotation Period	Full Term	Half Term (1 <sup>st</sup> )	Half Term (2 <sup>nd</sup> )	Evaluations Due
Fall 2019	09/03/19 – 12/11/19	09/03/19 - 10/18/19	10/21/19 - 12/11/19	Full term: December 13, 2019 Half Term: October 18 & December 13, 2019

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.

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

Student Name \_\_\_\_\_

*(please print)*

Class #	Subject/Course Name	Catalog #	Section #	Semester Hours
	* PIBS Seminar	800	001	1
	* PIBS Rotation (3-4 credits)	600	027	



**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**

	Monday	Tuesday	Wednesday	Thursday	Friday
8 – 9					
9 – 10					
10 – 11					
11 – 12					
12 – 1					
1 – 2					
2 – 3					
3 – 4					
4 – 5		PIBS 800			
5 – 6					

**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*)