



**Summer 2019 Rotation Worksheet**  
**Due July 3, 2019**

Rotation Period	Dates	Evaluation Due
Summer 2019	July 3 – August 23, 2019	September 3, 2019

**Students do not register for this rotation but will be assessed a grade.** For rotation rules and guidelines, please visit the [PIBS Website](#).

If at any time you change labs, please contact Michelle DiMondo and Michelle Melis in the PIBS Office immediately.

**Instructions:**

**Step 1:** Meet with your rotation mentor and discuss your rotation.

**Step 2:** Meet with your Academic Advisor for your program of study.

**Step 3:** Turn in your completed form to Michelle DiMondo or Michelle Melis in the PIBS Office

**Step 1: Meet with your rotation mentor and discuss your rotation.**

**Student Name** \_\_\_\_\_  
*(please print)*

**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)*

**Step 2: 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 Academic Advisors for each of the 14 PIBS programs.

**WEEKLY SCHEDULE SPRING TERM**

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

**Academic Program Advisor** *Please sign only after reviewing student's proposed schedule and determine it is appropriate for your program.*

Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Step 3: Return both pages of this form to the PIBS Office. Michelle DiMondo or Michelle Melis will gladly accept your forms (2960 Taubman Health Sciences Library).**