

**Cancer Biology Graduate Program
Rotation Advisor Selection Form**

Rotation dates: _____ to _____

1. The mentor and student have discussed possible rotation projects.
2. There are space and appropriate resources available in the lab during this period.
3. Mentor will devote the time necessary to provide a quality learning experience for this student.
4. Mentor acknowledges that during the final week of the rotation the student will devote time to preparing an oral presentation of rotation.
5. Mentor agrees to give a grade based on both the lab performance and the oral rotation report.
6. All rotation agreements will be subject to approval by the Cancer Biology Executive Committee.

Student (print name):

Signature _____ Date _____

Rotation Mentor (print name):

Signature _____ Date _____

Office Phone Number:

Lab Phone Number:

Mentor E-mail:

Other students who will be rotating in this lab during this period:

| Name | Program | Rotation Dates |
|-------------|----------------|-----------------------|
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Please return the signed form to Gary Longstreet, Cancer Biology Program Administrator or email it to gary.longstreet@emory.edu