

GMB FIRST YEAR ROTATION

ROTATION PERIOD: OCTOBER 1-DECEMBER 7

Note: This form is due to the GMB Director of Graduate Studies for approval before the rotation is to begin.

Student Name: _____

Rotation Mentor: _____

By my signature, I understand that at the completion of the rotation, the student will submit for discussion with me a short description (2-3 pages) of the rotation, including the intended goals and rationale, methods, and results. I will grade the proposal, review it with the student, and submit it to the GMB DGS along with the grade for the rotation **by December 19**.

Rotation Mentor