LABORATORY ROTATION NOTIFICATION

_______ Rotation #1 (Monday, October 3-Friday, December 16)

_______ Rotation #2 (Monday, January 2- Friday, March 10)

_______ Rotation #3 (Monday, March 13-Friday, May 19)

Student Name: ___________________________________________________

Student’s Email Address: ___________________________________________

Rotation Advisor’s Name: ___________________________________________

Office Phone Number: _____________________________________________

Lab Phone Number: _______________________________________________

P.I. Approval: __________________________________ Date:_______________

DGS Approval: __________________________________ Date:_______________

Return to Emily Morran, Dental School Building, Suite 300A or emily.morran@emory.edu