LABORATORY ROTATION NOTIFICATION

_______ Rotation #1 (Monday, September 25-Friday, November 17)

_______ Rotation #2 (Monday, November 27- Friday, January 26)

_______ Rotation #3 (Monday, February 5-Friday, March 30)

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