 **HARVARD BIOPHYSICS PROGRAM**

**Rotation Registration Form**

*To be submitted PRIOR to Start of Rotation*

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| **Please Type or Print Legibly** |

STUDENT:       GRADUATE YEAR:

CANDIDATE FOR (check one): PhD  MD/PhD

DO YOU PLAN TO DO A ROTATION THIS SEMESTER?: Yes  No

ROTATION (check one): 1  2  3  Start Date:       End Date:

*(The average length of a rotation is 10 weeks)*

REASON for this ROTATION: Potential Dissertation Lab  Technique  Other

PERCENT OF TIME PLANNED IN LAB: 25%  50%  100%  Other

(Typical) (Typical in Summer)

HEAD OF LAB:       HU DEPT AFFILIATION:

DAILY SUPERVISOR (if different):

LAB HEAD EMAIL ADDRESS:

FACULTY PHONE #:       STUDENT LAB PHONE #:

RESEARCH INVOLVES: Vertebrate Animals Y  N  Human Subjects Y  N

Biohazards (ie: Recombinant DNA): Y  N

BRIEF DESCRIPTION OF THE ROTATION PROJECT *(please type or print legibly):*

Student Signature Date Lab Head Date

**If this is a potential Dissertation Lab, the PI should be aware of future student support obligations.**

Program Advisor Signature Date Rotation Supervisor (if different) Date

Please complete, sign and return with the Lab Head and Program Advisor signatures (and Rotation Supervisor’s signature, if applicable) to the Biophysics Program Administrative Office: **michele\_jakoulov@hms.harvard.edu**