

UNIVERSITY OF LOUISVILLE
Department of Microbiology & Immunology

Lab Rotation Approval

Date: _____

Name

Signature

Student

Rotation Director

Lab location

Lab phone number

Check semester and quarter that rotation will be completed:

☐ Fall, ____/first quarter - 1st Lab Rotation: August ____ - Oct. ____

☐ Fall, ____/second quarter - 2nd Lab Rotation: Oct. ____ - Dec. ____

☐ Spring, ____/first quarter - 3rd Lab Rotation: Jan. ____ – March ____

☐ Spring, ____/second quarter - 4th Lab Rotation: March ____ – April ____

Goal/Objective:

Approved:

Graduate Program Director

Date