

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, 2018 – 1st Lab Rotation: Sep 10 – Nov 9

☐ Spring, 2019 – 2nd Lab Rotation: Jan 7 – Mar 8

☐ Spring, 2018 – 3rd Lab Rotation: Mar 11 – May 10

Goal/Objective:

Approved

Graduate Program Director

Date