

**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:

1<sup>st</sup> Lab Rotation: Fall 2024: September 23 – November 15, 2024

2<sup>nd</sup> Lab Rotation: Spring 2025: January 6 – February 28, 2025

3<sup>rd</sup> Lab Rotation: Spring 2025: March 10 – May 2, 2025

Goal/Objective:

Specific mentor expectations:

Approved:

\_\_\_\_\_  
Graduate Program Director

\_\_\_\_\_  
Date