

**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:

Spring 2021/first quarter – 1st Lab Rotation: Jan. 19 – March 8

Spring, 2021/second quarter – 2nd Lab Rotation: March 9 – April 27

Summer 2021 – 3rd Lab Rotation: May 3 – June 28

Goal/Objective:

Specific mentor expectations:

Approved:

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

\_\_\_\_\_  
Date