



Student Information

Name: _____

Student's Signature: _____ Date: _____

Rotation Information

Fall (3 week) Rotation: 1st: _____ 2nd: _____ 3rd: _____

Spring (7 week) Rotation: 1st: _____ 2nd: _____

Summer (6 week) Rotation: 1st: _____ 2nd: _____ 3rd: _____

Topic: _____

Program

Bio Chem / Cancer Bio _____ Cellular Bio & Anatomy _____ Molecular Medicine _____ Neuro _____

Pharmacology _____ Physiology _____ Vascular Bio _____ Genomic Medicine _____ Oral Bio _____

Principal Investigator Information

Name: _____

Dept. Rm #: _____ Dept. Phone #: _____ Lab Rm #: _____

No funding is required to host a rotating student. However, because students should only be rotating in labs that have funding available to pay a graduate student's stipend, health insurance and dissertation research costs, the PI must provide the information below. The PI's signature verifies that funding is available should a student and PI agree that the student will join the lab for his/her dissertation research.

PI's Signature _____ Date: _____

Funding Sources - check all that apply:

Startup Funds: _____ Extramural Grants: _____ Grant Number(s): _____ Other: _____

First Year Biomedical PhD Program Director: _____

Please return the completed, signed form to the TGS office or by email tgsenrolled@augusta.edu