

Laboratory Rotation Completion Form

Student Name: _____ WIN #: _____

Department: _____

Prospective Advisor Name: _____

Rotation Start Date: _____ Rotation End Date: _____

Is a written research report submitted? (Yes/No)

Is an oral presentation about the work is presented to the Advisor? (Yes/No)

Advisor Comments:

Student Comments:

Research Advisor Signature (Name)

Date

Student Signature (Name)

Date