You have been asked to permit a PhD student to join your laboratory for a research rotation. Please complete the form, check the appropriate box and sign where indicated.

Students must return this completed form for each rotation to the CDB Education Coordinator.

I have agreed to accept ______________, a student in the ___________________ PhD Program, as a rotation student for the ______________ semester. I understand that a rotation student may wish to join my laboratory in the next academic year; if I agree to accept this student for his/her thesis research, I would be expected to provide financial support* for my student until the completion of his/her degree.

__________ I accept the student for a rotation and will be able to financially support a graduate student in the next academic year.

__________ I accept the student for a rotation but will not be able to financially support a graduate student in the next academic year.

_________________________ ________________________
Rotation Advisor/Signature and Printed Name Date

_________________________ ________________________
Program Director Date

*Rotation Advisors are responsible for understanding the rules of their departments governing financial support a PhD student’s stipend and health insurance. JMC departments are no longer responsible for supporting tuition costs for PhD students entering the 2nd year and above (per JCGS email dated 3/28/07).