



### Laboratory Rotation Agreement

As a Jefferson College of Life Sciences faculty member, you have been asked to permit a PhD student to join your laboratory for a research rotation. Since rotation students may ultimately join your laboratory as a member of your research team, if you agree to accept this student for their thesis research, you will be expected to provide financial support for the student until the completion of their degree. Thus you should understand the rules of the college as well as your department governing financial support of a PhD student's stipend and health insurance.

Student name (print): \_\_\_\_\_

Faculty name (print): \_\_\_\_\_

Faculty email: \_\_\_\_\_

Faculty phone number: \_\_\_\_\_ Faculty laboratory location: \_\_\_\_\_

Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer  
Start/End Dates Start/End Dates Start/End Dates

Faculty rotation supervisors are asked to check the appropriate responses below:

I agree to accept the above student for a rotation in my laboratory \_\_\_\_\_

I currently have sufficient funding to support a PhD student stipend \_\_\_\_\_, or I currently have sufficient grant funding pending \_\_\_\_\_, or I will be applying for sufficient grant funding \_\_\_\_\_

\_\_\_\_\_  
Rotation Advisor Signature / Date

\_\_\_\_\_  
Student Signature / Date

\_\_\_\_\_  
Program Director Printed Name / Signature / Date

Students should complete this form including required signatures and return a scanned copy to [danielle.park@jefferson.edu](mailto:danielle.park@jefferson.edu). Please also keep a copy for your files.