Microbiology 6789
Laboratory Rotation Agreement
Autumn 2022 – Spring 2023

Student: ___________________________  Faculty member: ___________________________

Number of Hours Enrolled in 6789: _______ Estimated hour/week student available for rotation: _______

SECTION 1: EXPECTATIONS
This section should be filled out by the faculty member in consultation with the student at the beginning of the rotation.

1. Reading Relevant Literature: ___________________________
2. Experimental Work: ___________________________
3. Research Meetings: ___________________________
4. Student Presentations: ___________________________
5. Time in the Laboratory: ___________________________

My laboratory is currently funded, at least in part, through extramural research grants and/or contracts. Yes  No (If “No”, please indicate status of pending proposals.)

I have discussed with this student the means of support typically available for doctoral studies in my laboratory. Yes  No

Student Signature: ___________________________ Date: ___________________________
Faculty Signature: ___________________________ Date: ___________________________

SECTION 2: ACCOMPLISHMENTS OF THE STUDENT
This section should be filled out by the student after the rotation is completed.

1. Approximate average hours/week of participation in rotation: ___________________________
2. Describe direct participation in research work (use additional pages if necessary): ___________________________

3. Briefly describe outside reading/literature study (use additional pages if necessary): ___________________________
4. Describe presentations in research group meetings: ___________________________

5. Approximate time spent with the rotation advisor (faculty member): ___________________________
6. Approximate time spent with other trainers in the lab (students/postdocs/techs): ___________________________
7. Participation in other pertinent activities (use addition pages if necessary): ___________________________

Student Signature: ___________________________ Date: ___________________________

SECTION 3: FACULTY EVALUATION

Student has participated in the above activities: _____ Agree  _____ Disagree

I have discussed potential opportunities/support regarding graduate work in my laboratory: _____Yes_____ No

General comments / recommendations for the student:

Faculty Signature: ___________________________ Date: ___________________________

At the end of the rotation, the student should submit the completed form to Kendra Rowell in the Microbiology Office (105 Biological Sciences Building), keep a copy, and give a copy to the rotation advisor. If there are any questions or concerns, the student and/or advisor are encouraged to contact Chad Rappleye (7-2718; rappleye.1@osu.edu).

Department of Microbiology | Rev: 10/2022