

Microbiology 6789
Laboratory Rotation Agreement

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).