

**Microbiology 6789**  
Laboratory Rotation Agreement  
Autumn 2016 – Spring 2017

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 Staci Schweinfurth 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 Irina Artsimovitch (2-6777; Artsimovitch.1@osu.edu).