DIVISION OF MEDICAL SCIENCES

PHD PROGRAM IN VIROLOGY ROTATION REGISTRATION FORM

THIS FORM IS DUE PRIOR TO START OF ROTATION

PLEASE TYPE; ILLEGIBLE FORMS WILL BE RETURNED

STUDENT NAME: _____

PHONE: _____ EMAIL: _____

CANDIDATE FOR: (CHECK ONE) ☐ PHD ☐ MD/PHD DMS GRADUATE YEAR (E.G., G1, G2, ETC.): _____

ROTATION: (CHECK ONE) ☐ 1 ☐ 2 ☐ 3 START DATE: ___/___/___ END DATE: ___/___/___

REASON FOR THIS ROTATION: ☐ POTENTIAL THESIS LAB ☐ TECHNIQUE ☐ OTHER _____

HEAD OF LAB: _____ HMS DEPARTMENT AFFILIATION: _____

DAILY SUPERVISOR (IF DIFFERENT) _____

LAB ADDRESS: _____

FACULTY PHONE: _____ STUDENT LAB PHONE: _____

RESEARCH INVOLVES: *VERTEBRATE ANIMALS*: ☐ YES ☐ NO *HUMAN SUBJECTS*: ☐ YES ☐ NO

TITLE OF PROJECT: (TO BE COMPLETED BY STUDENT; ONE LINE ONLY.)

_____

BRIEF DESCRIPTION OF THE ROTATION PROJECT IN 3 TO 5 SENTENCES: (TO BE COMPLETED BY STUDENT.)

STUDENT SIGNATURE	**DATE**	**LAB HEAD**	**DATE**
PROGRAM ADVISOR SIGNATURE	**DATE**	**ROTATION SUPERVISOR (IF DIFFERENT)**	**DATE**

If this is a potential dissertation lab, the principal investigator should be aware of future support obligations. Please contact the Program Administrator or the DMS Financial Affairs Office for more information.

PLEASE SCAN AND EMAIL OR DELIVER COMPLETED, SIGNED FORM TO: virology@hms.harvard.edu
VIROLOGY PROGRAM OFFICE, TMEC 428, 260 LONGWOOD AVENUE, HARVARD MEDICAL SCHOOL

Grade and credit for rotation will be assigned when this form is submitted to your Program Administrator.
Forms may be obtained from http://dms.hms.harvard.edu/virology/current/Forms.html.

FORM UPDATED 2/5/2019