



**The Weill Graduate School of Medical Sciences (WGSMS)**  
**The Program in Physiology, Biophysics and Systems Biology (PBSB)**  
 1300 York Avenue  
 New York, NY 10065  
<http://pbsb.med.cornell.edu/>



## Laboratory Rotation Agreement

LABORATORY ROTATIONS ARE AN IMPORTANT PART OF THE GRADUATE PROGRAM, GIVING STUDENTS THE OPPORTUNITY TO EXPERIENCE DIFFERENT RESEARCH PROJECTS AND ALLOWING THE FACULTY TO ASSESS THE INTERESTS AND APTITUDE OF THE STUDENTS. TO FACILITATE AND OPTIMIZE THE ROTATION EXPERIENCE FOR BOTH THE STUDENT AND THE FACULTY, IT IS IMPORTANT THAT THEY MEET AT THE BEGINING OF THE ROTATION TO DISCUSS EXPECTATIONS, GOALS, REQUIREMENTS AND LABORATORY GUIDELINES. TO THIS END, THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH THE STUDENT AND ROTATION PRECEPTOR AT THE BEGINING OF THE ROTATION.

### PLEASE COMPLETE AND RETURN ELECTRONICALLY

Student Name: \_\_\_\_\_

Rotation Dates: From \_\_\_\_\_ To \_\_\_\_\_

Rotation Preceptor: \_\_\_\_\_

Describe the project and goals:

Laboratory duties expected of the student:

Who will directly supervise the student? \_\_\_\_\_

Hours per week that the student is expected to be in the laboratory \_\_\_\_\_

Were laboratory guidelines/policies (e.g. biohazards, lab notebook) explained to the student?

Was the availability of space and financial support for a new thesis student discussed?

Please return this form to the PBSB coordinator, Ms. Audrey Rivera, via email to [ajr2004@med.cornell.edu](mailto:ajr2004@med.cornell.edu)

\_\_\_\_\_  
**Rotation Preceptor Signature    Date**

\_\_\_\_\_  
**Student Signature    Date**