

DEPARTMENT OF PATHOLOGY
GRADUATE PROGRAM IN PATHOBIOLOGY

ROTATION PLAN

(To be completed and signed by Preceptor and Student, after consultation, at the beginning of the rotation.)

PRECEPTOR:	LOCATION:
STUDENT:	
TITLE OF PROJECT:	
TIME OF ROTATION (months/year): SUMMER	FROM: TO:
DESCRIBE EDUCATIONAL GOALS OF ROTATION:	
SPECIFIC LABORATORY TECHNIQUES AND/OR PROCEDURES STUDENT WILL LEARN:	
NAMES OF PEOPLE IN THE LABORATORY WHO WILL DIRECTLY SUPERVISE STUDENT:	
This is to affirm that both as Preceptor and Student, we understand the goals of this Rotation, and who will be directly supervising the activities of the Student during the Rotation.	Date:
Preceptor's Signature:	Student's Signature:

After signing, please return this form to Tracie McElroy, Ross 558.