EINSTEIN
Albert Einstein College of Medicine
Graduate Programs in the Biomedical Sciences

OFFICE OF THE GRADUATE REGISTRAR
BELFER BUILDING – Room 202
Tel: (718) 430-8682 | Fax: (718) 430-8655
gradregistrar@einsteinmed.edu

LABORATORY ROTATION REGISTRATION FORM (2023-2024)

INSTRUCTIONS TO THE STUDENT:
Fill out and sign the form, *then obtain the rotation mentor, and basic science department administrator signatures*.
Submit completed and signed form to the Graduate Office (Belfer 202; gradregistrar@einsteinmed.edu) along with a completed OSHA form signed by the Rotation Mentor.

Student Name: _____ **Banner ID:** _____

Program: ☐ **PhD** ☐ **MSTP** **Term of Entry:** _____
(e.g. Fall 2020)

_____ _____
Student Signature **Date**

ROTATION INFORMATION

Rotation Dates:

Check one that apply:	Rotation Start Date:		Rotation End Date:
☐ **Summer 2023 Laboratory Rotation**		-	
☐ **Laboratory Rotation Period I**	**August 28, 2023**	-	**November 10, 2023**
☐ **Laboratory Rotation Period II**	**November 27, 2023**	-	**February 23, 2024**
☐ **Laboratory Rotation Period III**	**March 11, 2024**	-	**June 7, 2024**
☐ ***Ad Hoc* Laboratory Rotation**		-	

Rotation Mentor: _____ **Lab Address:** _____
(Building & Room #)

Rotation Department: _____ **Lab Phone #:** _____
(Basic Science Dept.)

A. I understand that if this student declares my laboratory, I will be responsible for student's stipend and fringe from point of laboratory declaration.
B. I understand that I will need to submit a Rotation Evaluation Form for this student at the end of the rotation.

_____ _____ _____ _____
Rotation Mentor Signature **Date** **Basic Science Dept. Administrator Signature** **Date**

_____ _____
Assoc. Dean for Graduate Programs / MSTP Director Signature **Date**

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