

**IMMUNOLOGY PROGRAM
DIVISION OF MEDICAL SCIENCES
ROTATION REGISTRATION FORM**
TO BE SUBMITTED PRIOR TO START OF ROTATION.

**IF THE INFORMATION ENTERED IS NOT LEGIBLE, THIS SHEET WILL BE RETURNED TO YOU.
TYPE OR PRINT LEGIBLY.**

STUDENT: _____ DMS PROGRAM AFFILIATION: **Immunology Program**

CURRENT PHONE: _____ CURRENT EMAIL: _____

CANDIDATE FOR: (CHECK ONE) ☐ PHD ☐ MD/PHD GRADUATE YEAR IN DMS : _____

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

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

PERCENT OF TIME PLANNED IN LAB: ☐ 25% (TYPICAL) ☐ 50% ☐ 100% (TYPICAL IN SUMMER) ☐ OTHER _____

HEAD OF LAB: _____ HMS DEPARTMENT AFFILIATION: _____

DAILY SUPERVISOR (IF DIFFERENT) _____

LAB ADDRESS: _____

FACULTY PHONE NO. _____ STUDENT LAB PHONE NO. _____

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

TITLE OF PROJECT: (ONE LINE ONLY, PLEASE TYPE OR PRINT LEGIBLY) _____

BRIEF DESCRIPTION OF THE ROTATION PROJECT: (PLEASE TYPE)

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 student support obligations.
DMS Financial Affairs Office can provide details.**

Please sign and email with the Lab Head and Program Advisor signatures
(and if needed, the Rotation Supervisor's signature as well) to: megan_eruzione@hms.harvard.edu

PROGRAM ADMINISTRATOR, THE COMMITTEE ON IMMUNOLOGY, MODELL CENTER, HARVARD MEDICAL SCHOOL

Grades and credit for rotations will not be assigned unless this form is submitted to your Program Administrator

Copies of this form may be obtained from the Program Administrator