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 return with the Lab Head and Program Advisor signatures
(and if needed, the Rotation Supervisor's signature as well) to:

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

10/30/2008

IMMUNOLOGY PROGRAM
DIVISION OF MEDICAL SCIENCES
ROTATION EVALUATION
(TO BE COMPLETED BY LAB ADVISOR)

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

Student:_____ **DMS Program Affiliation:** Immunology Program

HMS Department Affiliation of Lab:_____

Head of Lab:_____ **Lab Supervisor (if different):**_____

Rotation Start Date:_____/_____/_____ **End Date:** _____/_____/_____

	Excellent	Good	Average	Poor
Technical skills	_____	_____	_____	_____
Lab attendance	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____
Knowledge of subject	_____	_____	_____	_____

Please check one. Final Grade: ☐ **Satisfactory** ☐ **Unsatisfactory**

Please comment on the skills learned and the progress made during this rotation and the student's strengths and weaknesses. Have you observed any gaps in knowledge? Recommendations for further training?

Would you consider offering this student a place in your lab for his/her dissertation work? If no, please state why.

_____ _____

Lab Head Signature Date Rotation Supervisor (if different) Date

PLEASE RETURN TO:

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FORM UPDATED **10/30/2008**

IMMUNOLOGY PROGRAM
DIVISION OF MEDICAL SCIENCES
STUDENT ROTATION EVALUATION (OPTIONAL)

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

LABORATORY ROTATION EVALUATION (OPTIONAL): THIS FORM IS INTENDED FOR STUDENTS TO EXPRESS THEIR EXPERIENCES OR TECHNIQUES LEARNED IN THEIR LABORATORY ROTATION.

STUDENT NAME: _____

LAB HEAD: _____ LAB SUPERVISOR (IF DIFFERENT): _____

TOPIC OF RESEARCH: _____

_____

PERCENT OF TIME SPENT IN LAB: ☐ 25% ☐ 50% ☐ 100% ☐ OTHER_____

TECHNIQUES **REQUIRED** IN LAB ROTATION: _____

_____

TECHNIQUES **ACQUIRED** IN LAB ROTATION: _____

_____

ARE YOU CONSIDERING THIS FOR A DISSERTATION LAB? ☐ YES ☐ NO

PLEASE USE THIS AREA TO COMMENT ON EXPERIENCES IN LAB:

WHAT DO YOU FEEL YOU'VE ACCOMPLISHED?

STUDENT SIGNATURE:_____
DATE

PLEASE RETURN TO:

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

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FORM UPDATED **10/30/2008**