



**TRI-INSTITUTIONAL TRAINING PROGRAM IN
COMPUTATIONAL BIOLOGY & MEDICINE**

STUDENT-FACULTY LABORATORY ROTATION AGREEMENT

Laboratory rotations are an integral part of the CBM graduate training program, and are designed to help students select a faculty laboratory for their thesis research. The rotations are, of course, a “two way street”, allowing the student to become familiar with ongoing research activities and personnel in individual labs, and the faculty member to assess the interests and skills of each student. In order to achieve a harmonious match, the student and faculty member are required to meet prior to the start of the rotation to discuss their goals and expectations, and then formalize the discussion by completing and signing this form.

Note: Students are not permitted to rotate with faculty who do not have graduate-school appointments or do not have confidence that space and/or financial support are likely to be available for the student (in the event that, upon completion of the rotation, there is a mutual desire for the student to join the laboratory for his/her thesis research).

Student Name: _____ Rotation Start/End Dates: _____

Faculty Rotation Advisor: _____ Institution: _____

Name & Title of person who will directly supervise the student: _____

1. Briefly describe the general area in which the student will participate:

2. Briefly describe the following rotation details:

a. Laboratory and/or computational work:

b. Readings (Please indicate if the student has been provided a reading list. Also, feel free to attach a list of references and writing (paper, proposals, etc.):

c. Participation in lab meetings or other presentations:



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3. Briefly describe the anticipated goals for the rotation:

4. Anticipated schedule of hours that the student will work in the laboratory (please indicate below):

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

5. Agreements (please check below):

We have established that, upon completion of the rotation, space and financial support are likely to be available in the event that there is a mutual desire for the student to join the laboratory for his/her thesis research.

At the end of the rotation, the student agrees to submit a brief (1 to 2 page) rotation progress report to the faculty rotation advisor *and* to the CBM program office.

Faculty Signature / Date

Student Signature / Date

Please return this form to Margie Hinonangan-Mendoza, CBM Program Coordinator, by email at mah2036@med.cornell.edu or fax to 212-746-8992. Thank you!

Updated 04/2009