**Ph.D. Program in Biological Sciences in Public Health**

GSAS Line Break

**2023-2024 Rotation Registration Form**

This form is to be submitted prior to the start of your rotation. Complete the form electronically, print/email for the signature of the lab head (and rotation supervisor, if applicable), and submit to Eric Creighton at ecreighton@hsph.harvar.edu. Grades and credit for rotations cannot be assigned until this form is submitted for approval.

If this is a potential thesis lab, the principal investigator should be aware of future student support obligations. Contact the BPH Program at [BPH@hsph.harvard.edu](mailto:BPH@hsph.harvard.edu) or 617.432.4397 for further details.

**STUDENT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Candidate for: (check one)  PhD  MD/PhD Graduate Year: **🗹**  G1

Rotation Period One: *July 17 to September 20, 2023*

Rotation Period Two: *October 2 to December 8, 2023*

Rotation Period Three: *January 8 to March 8, 2024*  
 Rotation Period Four: *March 18 to May 10, 2024*

Reason for this Rotation:  Potential Dissertation Lab  Technique  Other

Percent of Time Planned in Lab:  25% (typical)  50%  100% (typical summer)  Other

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| --- | --- |
| Head of Lab: | Daily Supervisor (if different): |
| Lab Address: | Faculty Phone Number: |
| Student Lab Phone Number: |  |

Research Involves: Vertebrate Animals:  Yes  No Human Subjects:  Yes  No

Title of Project:

**Brief description of the rotation project (three to four sentences per category):**

Hypothesis:

Methods/Approaches:

Goals of this Rotation:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_

Head of Lab Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_

Daily Supervisor Signature (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_