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



**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 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

|  |  |
| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_