

**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: Biological & Biomedical Sciences

CANDIDATE FOR: (CHECK ONE)    ☐ PHD                      ☐ MD/PHD                      GRADUATE YEAR: \_\_\_\_\_

DO YOU PLAN TO DO A ROTATION THIS SEMESTER?    ☐ YES                      ☐ NO

ROTATION: (CHECK ONE)    ☐ 1    ☐ 2    ☐ 3                      START DATE: \_\_\_\_\_    END DATE: \_\_\_\_\_  
(THE AVERAGE LENGTH OF A ROTATION IS 10 WEEKS)

REASON FOR THIS ROTATION:                      ☐ POTENTIAL THESIS LAB    ☐ TECHNIQUE    ☐ OTHER \_\_\_\_\_

PERCENT OF TIME PLANNED IN LAB:    ☐ 25%                      ☐ 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

BRIEF DESCRIPTION OF THE ROTATION PROJECT: **(PLEASE TYPE OR PRINT LEGIBLY)**

\_\_\_\_\_  
STUDENT SIGNATURE                      DATE

\_\_\_\_\_  
LAB HEAD                      DATE

\_\_\_\_\_  
PROGRAM ADVISOR SIGNATURE                      DATE

\_\_\_\_\_  
ROTATION SUPERVISOR (IF DIFFERENT)                      DATE

**If this is a potential thesis 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: Anne O'Shea at [anne\\_oshea@hms.harvard.edu](mailto:anne_oshea@hms.harvard.edu).

BIOLOGICAL & BIOMEDICAL SCIENCES, TMEC 433, HARVARD MEDICAL SCHOOL

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

DIVISION OF MEDICAL SCIENCES

ROTATION EVALUATION  
(TO BE COMPLETED BY LAB ADVISOR)

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Student: \_\_\_\_\_ DMS Program Affiliation: Biological & Biomedical Sciences

HMS Department Affiliation of Lab: \_\_\_\_\_

Head of Lab: \_\_\_\_\_ Lab Supervisor (if different): \_\_\_\_\_

Rotation Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

	Excellent	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 their thesis work? If no, please state why.

\_\_\_\_\_  
Lab Head Signature                      Date

\_\_\_\_\_  
Rotation Supervisor (if different)                      Date

PLEASE RETURN TO: BBS Program Administrator, Anne O'Shea at [anne\\_oshea@hms.harvard.edu](mailto:anne_oshea@hms.harvard.edu)

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