

# UConn

## THE GRADUATE SCHOOL

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### UConn HEALTH GRADUATE PROGRAMS

#### Laboratory Rotation

Submit the completed form (electronic signatures permitted) to the UConn Health Registrar at [registrar@uchc.edu](mailto:registrar@uchc.edu) and copy [phdbiomed@uchc.edu](mailto:phdbiomed@uchc.edu)

Name: \_\_\_\_\_ Student ID (or Net ID): \_\_\_\_\_

Course: MEDS 6496

Maximum Units/ Credits authorized by Instructor: \_\_\_\_

Year: \_\_\_\_ Fall \_\_\_\_ Summer \_\_\_\_ Spring \_\_\_\_

**This form cannot be processed unless all signatures have been obtained.**

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature

Dean or Designee\*: \_\_\_\_\_ Date: \_\_\_\_\_

Print

Signature

*\* Required after fourth week of semester ONLY.*

#### UConn Health Registrar's Office Use only

Section: \_\_\_\_ Class Number: \_\_\_\_ Date Entered: \_\_\_\_ Initials: \_\_\_\_