

UConn HEALTH

Office of the Registrar

Laboratory Rotation

The form must be submitted to the UConn Health Registrar either in person at LM041, or scanned and emailed to registrar@uchc.edu. Typed signatures are not permitted; please submit with a DocuSign or wet signature.

Name: _____ Student 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.

Student: _____ Date: _____

Print

Signature

Advisor: _____ Date: _____

Print

Signature

Instructor: _____ Date: _____

Print

Signature

Dean or Designee*: _____ Date: _____

Print

Signature

** Required after the fourth week of semester.*

UConn Health Registrar's Office Use Only

Section: _____ Class Number: _____ Date Entered: _____ Initials: _____

Website: <https://health.uconn.edu/registrar>

Email: registrar@uchc.edu

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