

# 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 (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.

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

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