

UConn HEALTH

Office of the Registrar

Laboratory Rotation Form

This form must be emailed to registrar@uchc.edu or submitted in person at LM041. Typed signatures are not permitted; please submit with a DocuSign or wet signature.

Name: _____ Student ID: _____

Course: MEDS 6496

Units/Credits authorized by Instructor: _____

Year: _____ Term: Fall _____ Spring _____ Summer _____

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

	Print Name	Signature	Date
Student			
Advisor			
Instructor			
Dean or Designee			

UConn Health Registrar's Office Use Only			
Section	Class number	Date Entered	Initials