

UConn HEALTH

STUDENT SERVICES CENTER

Laboratory Rotation Registration Form

Submit completed form to:

Registrar's Office
Student Services Center
UConn Health
263 Farmington Avenue
Farmington, CT 06030-1826
Room: AM016

Student Name:

Last

First

Student ID:

Email:

Subject Area:

Catalog Number:

Section:

Class Number:

Units Authorized: 1

Title of Course

Instructor Name:

Last

First

Year:

Fall

Spring

Summer

Authorization cannot be processed unless all signatures have been obtained.

Advisor: _____

Instructor: _____