

UConn HEALTH

STUDENT SERVICES
CENTER

Laboratory Rotation

The completed form must be submitted to the UConn Health Registrar (Academic Building AM039). The form can be signed (*electronic signatures are not permitted*), scanned and emailed to registrar@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.

UConn Health Registrar's Office Use only

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