



**Rotation Sign-up Sheet**  
**Academic Year: 2019-2020**

**Student Name:** \_\_\_\_\_

**Laboratory for First Rotation:**

8/26/19 – 10/18/19

Due August 23, 2019

Name of Faculty Member \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

Department Chair Signature & Date \_\_\_\_\_

**Laboratory for Second Rotation:**

10/21/19 – 12/20/19

Due October 18, 2019

Name of Faculty Member \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

Department Chair Signature & Date \_\_\_\_\_

**Laboratory for Third Rotation:**

1/6/20-2/28/20

Due December 23, 2019

Name of Faculty Member \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

Department Chair Signature & Date \_\_\_\_\_

**Laboratory for Fourth Rotation:**

(To be arranged if needed)

Name of Faculty Member \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

Department Chair Signature & Date \_\_\_\_\_

**Please submit a copy to your Track Advisor and the following office on or before the due date:**

**College of Medicine Office of Graduate Studies**  
Marquita Adrian, Graduate Program Coordinator  
979-436-0753  
adrian@medicine.tamhsc.edu