

1-on-1 FACULTY MEETINGS AND RESEARCH ROTATION REQUESTS

TURN IN FORM TO KATHY LUCAS (ROOM B101)

NAME: _____

You must visit with at least five professors regarding their research and have them sign below. You should schedule your visits as soon as possible in order to avoid scheduling issues. Remember to bring this form with you to your meetings.

Print Name	Signature	Date
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Print Name	Signature	Date
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Print Name	Signature	Date
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Print Name	Signature	Date
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Print Name	Signature	Date
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Below, please indicate the names of the **three** faculty members with whom you wish to rotate in order of preference. Chemical Biology students must have one rotation in biochemistry. If you do not list three faculty members, your form will be returned to you.

Rotation request:

Choice 1 _____

Choice 2 _____

Choice 3 _____