

University of Connecticut Health Center
GRADUATE SCHOOL LAB ROTATION
REGISTRATION FORM

Please **verify/correct/supply** the following information.

Year: 20 : Fall Spring Summer Session

PERSONAL INFORMATION:

NAME:

PEOPLESOFT USER ID:

Dept.	Course #	Sec #	Title	Credits	Consent	Audit
MEDS	6496		Lab Rotation with	1		
			Please print instructor's name above			

Signature of Instructor: _____ Date: _____

Signature of First Year Advisor: _____ Date: _____

To be filled-in by current Rotation Advisor after the Rotation Talks, if applicable:

I have met with the above named student to discuss the positive and negative aspects of their performance during the lab rotation, as well as to discuss what skills may need to be developed further in future rotations/work.

The student should receive a grade of _____* for the current rotation.

 Rotation Advisor Name (printed)

 Signature

 Date

*Rotations receive a letter grade ("A" through "F"). Instructors are encouraged to directly enter grades into the PeopleSoft system, but this form must be submitted to the Registrar by the student.