

NEUROSCIENCE THESIS LABORATORY PLACEMENT REQUEST
SPRING 20_____

Name: _____ Home Phone: _____

Rotation Laboratories:

1. _____
2. _____
3. _____

Check One:

- My thesis laboratory will be: _____

Signature of thesis mentor Date

Student signature Date

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- I will do a 4<sup>th</sup> rotation with: \_\_\_\_\_

\_\_\_\_\_  
Signature of 4<sup>th</sup> rotation supervisor Date

\_\_\_\_\_  
Student signature Date

- A potential 4<sup>th</sup> rotation supervisor is out of town. I will finalize the 4<sup>th</sup> rotation by:  
\_\_\_\_\_ (give date).

\_\_\_\_\_  
John Ngai, Graduate Adviser Date

**PLEASE RETURN FORM TO THE GRADUATE AFFAIRS OFFICE,  
3210G TOLMAN HALL BY 12 NOON ON \_\_\_\_\_.**