NEUROSCIENCE THESIS LABORATORY PLACEMENT REQUEST
SPRING 20____

Name: ________________________ Home Phone: ________________________

Rotation Laboratories:

1. ________________________________

2. ________________________________

3. ________________________________

Check One:

☐ My thesis laboratory will be: ________________________________

__________________________________________________________ Date

Signature of thesis mentor

__________________________________________________________ Date

Student signature

__________________________________________________________ Date

☐ I will do a 4th rotation with: ________________________________

__________________________________________________________ Date

Signature of 4th rotation supervisor

__________________________________________________________ Date

Student signature

__________________________________________________________ Date

☐ A potential 4th rotation supervisor is out of town. I will finalize the 4th rotation by: ________________________________ (give date).

__________________________________________________________ Date

John Ngai, Graduate Adviser

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