DIVISION OF MEDICAL SCIENCES ROTATION REGISTRATION FORM

TO BE SUBMITTED PRIOR TO START OF ROTATION.

IF THE INFORMATION ENTERED IS NOT LEGIBLE, THIS SHEET WILL BE RETURNED TO YOU. TYPE OR PRINT LEGIBLY.

UDENT SIGNATURE	DATE	LAB H	lead	DATE
RIEF DESCRIPTION OF THE ROT.	ATION PROJECT: (P	LEASE TYPE OR I	PRINT LEGIBLY)	
ESEARCH INVOLVES: VERTEBR			•	O YES O NO
ACULTY PHONE NO		STUDENT LAB	PHONE NO	
AB ADDRESS:				
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ANDIDATE FOR: (CHECK ONE)		·	GRADUATE YEA	.R:

Please sign and return with the Lab Head and Program Advisor signatures (and if needed, the Rotation Supervisor's signature as well) to:

Department of Biomedical Informatics, Countway Library, 5th Floor, Ste.514, catherine_haskell@hms.harvard.edu

Grades and credit for rotations will not be assigned unless this form is submitted to your Program Administrator. Copies of this form may be obtained from your Program Administrator.

DMS Financial Affairs Office can provide details.