

Form C3a-CERTIFICATION OF RESEARCH LAB ROTATIONS

Name: _____

Date¹: _____

I certify that I have contacted the following professors to participate of a rotation in their respective research labs:

Rotation #1: *(First three weeks of September)*

1. Professor's Name: _____

Professor's Signature: _____

Rotation #2: *(First three weeks of October)*

2. Professor's Name: _____

Professor's Signature: _____

Rotation #3: *(First three weeks of November)*

3. Professor's Name: _____

Professor's Signature: _____

Approved by:

Graduate Program Coordinator

Date

FINAL GRADE: PS ____ PN ____ PB ____ NP ____

¹ Due date to submit this document: **LAST FRIDAY OF AUGUST**