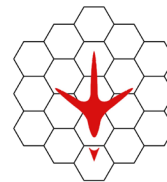




University of Puerto Rico
Río Piedras Campus
College of Natural Sciences
Department of Chemistry
17 Ave. Universidad STE 1701
San Juan PR 00925-2537



Chemistry Graduate Program
Form C3a- Certification of Research Lab Rotations (Quim8999)

Due: _____

Student Name

Student Number

Classification: M.S. Ph.D.

I certify that I have contacted the following professors to participate in a three-week rotation in their respective research laboratories:

Rotation #1 (Dates- _____)

Professor's Name: _____

Report due date: _____

Rotation #2 (Dates- _____)

Professor's Name: _____

Report due date: _____

Rotation #3 (Dates- _____)

Professor's Name: _____

Report due date: _____

Approved by:

Chemistry Graduate Program Coordinator

Date

FINAL GRADE: PS___ PN___ PB___ NP___