



WAYNE STATE
School of Medicine

**Anatomy and Cell Biology
Master's Program**

Department of Ophthalmology,
Visual and Anatomical Sciences

**Shadowing Selection - Winter
Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student has selected a minimum of three (3) instructors to shadow within the Neuroanatomy and Gross Anatomy labs. For the Winter semester, four (4) total labs must be shadowed with two (2) from each course. The deadline for submission of this form is December 15th of Year 1.

Student's Name: _____ Access ID (e.g., aa1234): _____

Email: _____ Phone: _____

Rotation #1: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #2: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #3: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #4: Lab name	Histology/Gross Anatomy	Name of Faculty Educator
Rotation #5: Lab name	Histology/Gross Anatomy	Name of Faculty Educator

Signatures

Student Date

Master's Program Graduate Director Date