



WAYNE STATE
School of Medicine

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

Department of Ophthalmology,
Visual and Anatomical Sciences

**Selected Rotations
Masters of Science**

NOTE: This form must be submitted to the Master's Program Graduate Director after the student has selected and scheduled three research lab rotations. The Principal Investigators of the selected lab rotations must have an appointment in the Department and must have agreed to hosting the student for the rotation segment. Each rotation should be ~ 6 weeks long with the option for the student to officially select a lab after the completion of two rotations. The deadline for submission of this form is September 1st of Year 1.

Student's Name: _____ Banner ID (9-Digit #): _____

Email: _____ Phone: _____

Principal Investigators for each lab rotation

(Print/Type Names)

(Start-End Dates)

Rotation #1

Dates

Rotation #2

Dates

Rotation #3

Dates

Signatures

Student

Date

Master's Program Graduate Director

Date