

Pharmaceutics and Pharmaceutical Chemistry
PhD Program
Rotation Verification Form

Students: To receive credit for completing your rotation, obtain both signatures indicated below and return this form and a copy of your rotation report to the Pharmaceutics and Pharmaceutical Chemistry PhD Program office.

Rotation Dates: _____

Student: _____

The above-named student has completed a satisfactory rotation in my laboratory and has prepared a satisfactory rotation report.

Rotation Faculty: _____

Option comments:

I have met with the student and discussed any pertinent issues.

Rotation Advisor: _____

Option comments: