

# Molecular Pharmaceutics 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 Molecular Pharmaceutics and 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: