



Initiation Form

LABORATORY ROTATION

NEURO 301 **NEURO 302**

Name of Graduate Student:		
Date: Start of Rotation:		Date: End of Rotation:
Name of Laboratory where the Rotation will take place:		
Laboratory of		
Title of Project:		
.....		
Supervisor of Project:		
(Name)		(Signature)
Laboratory Head:		
(Name)		(Signature)
Date		