

Rotation number (1-5): _____

This form acknowledges an agreement between the PI and student for the completion of a supervised Doctoral research rotation. Rotations should span a period of 4-6 weeks during the student's first semester, but can be extended into the student's second semester when necessary. Rotation forms for the first rotation of the Fall semester must be submitted no later than the end of the first week in September. Subsequent rotation forms must be submitted at least two weeks prior to the start of the rotation. Please email cvmgradprogram@ncsu.edu with questions or concerns about deadlines.

Student's name: _____

Student's ID number: _____

PI's name: _____

PI's email address: _____

PI's department: _____

PI's campus/location: _____

Rotation length (approx.): _____

Start date: _____

Please sign and return by email or in person to the location below:

Katie Sapko
Coordinator of Graduate Programs & Research Training
Office: CVM Main Building, A253
Email: cvmraprogra@ncsu.edu
(919) 513-6357

Student's signature: _____

Date: _____

PI's signature: _____

Date: _____