



MD-PhD Rotation Sign-up Sheet

Academic Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Laboratory for **First** Rotation:

Date: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

Laboratory for **Second** Rotation:

Date: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

Laboratory for **Third** Rotation:

Date: \_\_\_\_\_

Name of Faculty Member: \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

Laboratory for **Fourth** Rotation:

(To be arranged if needed)

Name of Faculty Member: \_\_\_\_\_

Faculty Signature & Date \_\_\_\_\_

**Please submit a copy to your Advisor and to the MD-PhD Office**

**MD-PhD Training Program**

Skip Harris

Program Coordinator

Health Science Building

College of Medicine, Room M-105

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